FORM EXEMPT UNDER 44 U.S C 3512

INTERNET FORM NLRB-501 (3-06)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

08-CA-095833

Date Flied

1/4/13

INSTRUCTIONS:	1 00 011 07505	The state of the s
File an original with NLRB Regional Director for the region in white	h the alleged unfair labor practice occurred or le occurre R AGAINST WHOM CHARGE IS BROUGHT	ig.
a. Name of Employer	(ADAMO) WIOM BIANCE IS BROSSIN	b. Tel. No. (330) 632-8761
DHSC, LLC, d/b/a Affinity Medical Center		1000/ 400 400
5/155.222, 215.27, 111.37, 115.23.2		c. Cell No.
		f. Fax No. (220) 930 6007
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	1. Fax No. (330) 830-6927
875 Eighth Street N.E.	Ron Bierman, CEO	g, e-Mail
Massillon, OH 44646	1	
	İ	h. Number of workers employed 225
Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service Healthcare	
Acute Care Hospital		tion D(n) expending (1) and /ile!
<ul> <li>k. The above-named employer has engaged in and is engage subsections) (3)</li> </ul>	그러워 그리고 아내는 아이들이 얼마나 되었다면 하다니다.	
		or Relations Act, and these unfair labor
practices are practices affecting commerce within the mea- within the meaning of the Act and the Postal Reorganizati		iair practices attacking continence
2. Basis of the Charge (set forth a clear and concise stateme	the transfer of the total of	actices)
Within the past six months, the above employer,		d other agents has interfered
with, restrained, and coerced its employees in the		
filled out "Assignment Despite Objection" forms		
shredding ADOs in the presence of RNs.		
Within the past six months, the above employer,	by (b) (6), (b) (7)(C) and other agents, reduced	d the staffing in the ICU on a
particular shift so nurses would be "tripled" beca	use of the ICU nurses' filling out ADOs, an	action supported by National
Nurses Organizing Committee (NNOC), a labor	organization, and because they engaged in	concerted activities with other
RNs at Affinity for the purpose of collective bargs	alning and other mutual aid and protection,	and in order to discourage
support for NNOC.		
Full name of party filing charge (if labor organization, give National Nurses Organizing Committee (NNOC)	full name, including local name and number)	
4s. Address (Street and number, city, state, and ZIP code)	A T	4b Tel. No. (510) 273-2200
2000 Franklin Street	FGENCEN	4c. Cell No
		The Party of the P

Oakland, CA 94612

4d. Fax No. (510) 663-4822

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) AFL-CIO

6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. Tel. No (510) 273-2272

M. Jane Lawhon, Legal Counsel

(Print/type name and bits or office, if any)

Office, if any, Call No. (510) 715-7065

4B. B-MBil

Fax No. (510) 664822

2000 Franklin Street, Oakland, CA 94612

01/04/13

jlawhon@calnurses.org (5818)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-501

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD

## CHARGE AGAINST EMPLOYER

#### INSTRUCTIONS

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring

1. EMPLOYER AGA	INST WHOM CHARGE IS BROUGHT	
a Name of Employer		b. Number of workers employed
All Seasons Climate Control, Inc.		11
c Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephane No 419-663-1666 (c)
Norwalk, Ohio 44857	Robert Stang	419-663-1956 (f)
		Bob.Stang@
		allseasonsnorwalk.com
f. Type of Establishment (factory, mine, wholesaler, etc.)	g identify principal product or se	
Construction Company	Heating, A/C, Refrig., Ve	ent., Plmbg. install & service

the above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a) 8(a)(1), 8(a)(3), 8(a)(5) subsections (1) and of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

## Please see the attached document listed as "Attachment A".

By the above and other acts, the above-named employer has interfered with, restrained, and coerced employees in the exercise of the rights guaranteed in Section 7 of the Act.



3 Full name of party filing charge (if labor organization, give full name, including local name and number) Sheet Metal Workers International Association Local No. 33 (AFL-CIO)

4a Address (street and number, city, state and ZIP code) 637 Perry St. Vermilion, Ohio 44089 4b Telephone No 440-967-8509 (o) 440-225-6424 (c)

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filled by a labor organization. Sheet Metal Workers International Association (AFL-CIO)

5 DECLARATION

declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By Joseph G. Thayer
Signature of representative or person making charge
Address

Title. Marketing Representative

637/Petry St. Vermilion, Ohio 44089

Telephone No 440-225-6424

Date

January 4, 2013

# "ATTACHMENT A"

\*as it relates to All Seasons Climate Control, Inc.



Since on or about July 31th, 2012, and all times thereafter, the above named employer, through its' agents, officers, and representatives has refused to bargain collectively with and provide requested information relevant to bargaining to the Sheet Metal Workers International Association Local 33, a labor organization chosen by a majority of its' employees in an appropriate unit, for the purpose of collective bargaining in respect to wages, hours of employment, and other terms and conditions of employment including but not limited to notifying Local 33 when employees have been hired and / or terminated.

Since on or about December 21, 2012, and all times thereafter, the above named employer, through it's agents, officers, and representatives has interfered with, restrained, and coerced and is interfering with, restraining, and coercing it's employees by changing ownership of the company and forcing the existing bargaining unit employees to reapply for their jobs because of their affiliation with the Sheet Metal Workers International Association Local 33, a labor organization, as defined by the Act.

Since on or about (b) (6), (b) (7)(C) 2012, and all times thereafter, the above named employer, through its' agents, officers, and representatives unlawfully terminated the employment of bargaining unit members (b) (6), (b) (7)(C) because of their affiliation and involvement with Sheet Metal Workers International Association Local 33, a labor organization.

Since on or about (b) (6), (b) (7)(C) 2013, and all times thereafter, the above named employer, through its' agents, officers, and representatives unlawfully terminated the employment of bargaining unit member (b) (6), (b) (7)(C) because of affiliation and involvement with Sheet Metal Workers International Association Local 33, a labor organization.

Since on or about January 2, 2013 and all times thereafter, the above named employer through its' officers, agents, and representatives has hired new employee(s) after the termination of bargaining unit members in an attempt to divide the bargaining unit as well as failing to notify the union of such changes as required.

These charges are directly related to Case #'s 08-CA-36459, 08-CA-37931, & 08-CA-38079, which are still open cases in compliance. Historically, any charges pertaining to All Seasons have been handled by Atty. Cheryl Sizemore. The Union respectfully requests that she be assigned this case as well.

p.4

FORM NLRB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

## CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C. 35		
DO NOT WRITE IN THIS SPACE		
Case 08-CA-095878	Date Filed 1/7/13	

INSTRUCTIONS

File an original and 4 copies of this charge with NLRB Regional Dir the region in which the alleged unfair labor practice occurred or is		
	WHOM CHARGE IS BROUGHT	
a. Name of Employer Advanced Mechanical, Heating, Air Conditioning, &	Plumbing Systems LLC	b. Number of workers employed
c. Address (street, city, state, ZIP code) 3 Unity Lane	d. Employer Representative	e. Telephone No. 419-663-1551 (o)
Norwalk, Ohio 44857	Michael J. Hammersmith	419-663-1666 (o)
178 E. Main St.		
Norwalk, Ohio 44857		
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	
Construction Company	Heating, A/C, Refrig., Vent	., Plmbg. install & service
The above-named employer has engaged in and is engaging in unfaisubsections (1) and of the National Labor Relations Act, and these affecting commerce within the meaning of the Act	•	
2 Basis of the Charge (set forth a clear and concise statement of the fa	cts constituting the alleged unfair labor	practices)
Please see the attached document listed as "Attach	nment A".	i
By the above and other acts, the above-named emplo employees in the exercise of the rights guaranteed in	<u> </u>	ained, and coerced
RECEIVED  JAN - 7 2013  NLRB  RECLION 8		
3 Full name of party filing charge (if labor organization, give full name, including local name and number) Sheet Metal Workers International Association Local No. 33 (AFL-CIO)		
4a. Address (street and number, city, state and ZIP code) 637 Perry St. Vermilion, Ohio 44089		4b. Telephone No. 440-967-8509 (o) 440-225-6424 (c)
Ful: name of national or international labor organization of which it is by a labor organization     Sheet Metal Workers International Associ		
e DE	CLADATION	

declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

Signature of representative or person making charge Address/ Ohio 44089

Title: Marketing Representative

632 Perry St. Vermilion, Ohio 44089

Telephone No. 440-225-6424

January 4, 2013



## "ATTACHMENT A

\*as it relates to Advanced Mechanical

Since on or about September 4, 2012\*, and all times thereafter, the above named employer, through its' agents, officers, and representatives has refused to bargain collectively with and provide requested information relevant to bargaining to the Sheet Metal Workers International Association Local 33, a labor organization chosen by a majority of its' employees in an appropriate unit, for the purpose of collective bargaining in respect to wages, hours of employment, and other terms and conditions of employment including but not limited to notifying Local 33 when employees have been hired and / or terminated.

\* September 4, 2012 is the date listed on the Ohio Secretary of State's website as the date the began operating a business legally in the State of Ohio.

Since on or about December 21, 2012, and all times thereafter, the above named employer, through it's agents, officers, and representatives has interfered with, restrained, and coerced and is interfering with, restraining, and coercing it's employees by changing ownership of the company and forcing the existing bargaining unit employees to reapply for their jobs because of their affiliation with the Sheet Metal Workers International Association Local 33, a labor organization, as defined by the Act.

Since on or about (b) (6), (b) (7)(C) 2012, and all times thereafter, the above named employer, through its' agents, officers, and representatives unlawfully terminated the employment of bargaining unit members (D) (6), (D) because of their affiliation and involvement with Sheet Metal Workers International Association Local 33, a labor organization.

Since on or about (b) (6), (b) (7)(C) 2013, and all times thereafter, the above named employer, through its' agents, officers, and representatives unlawfully terminated the employment of bargaining unit member (b) (6), (b) (7)(C) because of involvement with Sheet Metal Workers International Association Local 33, a labor organization.

Since on or about January 2, 2013 and all times thereafter, the above named employer through its' officers, agents, and representatives has hired new employee(s) after the termination of bargaining unit members in an attempt to divide the bargaining unit as well as failing to notify the union of such changes as required.

These charges are directly related to Case #'s 08-CA-36459, 08-CA-37931, & 08-CA-38079, which are still open cases in compliance. Historically, any charges pertaining to All Seasons have been handled by Atty. Cheryl Sizemore. The Union respectfully requests that she be assigned this case as well.

FORM EXEMPT UNDER 44 U.S.C 3512

FORM NLRB-501 (2-08)

FROM

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case Date Filed

08-CA-095919 1/7/13

ISTRUCTIONS:	08-CA-0959	19 1/7/13
le an original with NLRB Regional Director for the region in which	the alteged unfeir lebor practice occurred or is occurring	J
a. Name of Employer	AGAINST WHOM CHARGE IS BROUGHT	b. Tel. No. 614-461-1199
Staff Union 1199		014-401-1133
		c. Cell No. 304-834-8720
and the second s		f. Fax No.
d. Address (Street, city, state, and ZIP code) 1395 Dublin Rd.	e. Employer Representative Leigh Ann Day, Emily Payne, Chrissy	g. e-Meli
Columbus, Ohio 43215	Heineman, Judy Hanna	laday@seiu1199.org
		h. Number of workers employed 46
i. Type of Establishment (factory, mine, wholeseler, etc.) labor organization	j. Identify principal product or service provide protection and support to memi	bers file grievances,I/m meeting
k. The above-named employer has engaged in and is engage	ng in unfair labor practices within the meaning of secti	on 8(a), subsections (1) and (list
subsections)	of the National Labor	r Relations Act, and these unfair labor
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization		air practices affecting commerce
2. Basis of the Charge (set forth a clear and concise stateme	ont of the facts constituting the alleged unfair labor pre-	ctices)
This duty of fair representation occurred on or al	pout 2012 when the Union through	
to represent Grievant (b) (6), (b) (7)(C)accord	ling to the CBA. The Union failed to discus	s or move the grievance filed by
(b) (6), (b) (7)(C) During the Grievance meeting	2012 (b) (6), (b) (7)(C) failed to represent (b) (6),	during the meeting and
had to try to defend (b) (6), (b) (7)(C) was	given information that hever gave to the	e employer in defense of
grievances were filed by	or only only was heard. On or a	bout 2013 The Union
through its officers and or agents discussed (6)(6).	DIFFICIENT AND A PROPERTY OF THE PROPERTY OF T	ad not discussed it with the
grievant. (b) (6), (b) (7)(C) told men	nber that the officers of the Staff union vote	d to not proceed with (b) (6), (b) (7)(6
grievance. Again violating the current CBA and t		
	full same landwise local name and number	
(b) (6), (b) (7)(C)		
4a. Address (Street and number, city, state, and ZIP code) /	1 I I I	4b. Tel. No.
(b) (6), (b) (7)(C)	RECEIVED  JAN - 7 2013  NLRB REGION 8	4c. Cell No. (b) (6), (b) (7)(C)
1	141-723	4d. Fax No.
	NI RIN 8	70. 102.10
\	REGIO	4e e-Mail (b) (6) (7)(C)
		(b) (6), (b) (7)(C)
5. Full name of national or International labor organization of	I which it is an affiliate or constituent unit (to be filled in	n when charge is filed by a labor
organization)		
A DECLADAT	(OU)	Tel. No.
6. DECLARAT I decime that I have read the statement of th	ents are true to the best of my knowledge and bellef.	-20-37
(b, ,6), (b) (7)(C)		Office Hany Cell No.
	o) (6), (b) (7)(C)	Office If any Cell No. (b) (6), (b) (7)(C)
By (0)(6),(0)(7 (5)(g)(g)(1)(9) (6)(6)(9)(9)(9)(9)(9)(9)(9)(9)(9)(9)(9)(9)(9)	(Print/type name and title or office, if any)	Fax No.
(b) (6), (b) (7)(C)	01/06/2013	e-Mall (b) (6), (b) (7)(C)
Andress	(dete)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 er seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to Invoke its processes.

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

## CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

08-CA-095955 1/8/13

	EMPLOYER AGAINST WHOM CHARGE IS BROU	
a. Name of Employer ROTEK		b. Tel. No (300)562-4000
		c Cell No
Address (street, city, state ZIP code) 1400 S CHILLICOTHE RD,	e Employer Representative MIKE JACOBS	f. Fax No
AURORA, OH 44202-9282	WINE WASSES	g. e-Mail
		h. Dispute Location (City and State) Aurora, OH
. Type of Establishment (factory, nursing home, notel) Manufacturer	Principal Product or Service Steel	k. Number of workers at dispute location 200
	se statement of the facts constituting the alleged un	
nending discharge in order to disco	yer discriminated against employee	
nending discharge in order to disco	yer discriminated against employee	
pending discharge in order to disco B. Full name of party filing charge (if labor organiza (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Zi	yer discriminated against employee ourage union activities or membership ation, give full name, including local name and num	ber)
pending discharge in order to disco B. Full name of party filing charge (if labor organiza (b) (6), (b) (7)(C)	yer discriminated against employee ourage union activities or membership ation, give full name, including local name and num	ber)  4b. Tel. No. (b) (6), (b) (7)(C)
pending discharge in order to disco B. Full name of party filing charge (if labor organiza (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Zi	yer discriminated against employee ourage union activities or membership ation, give full name, including local name and num	ber)  4b. Tel. No. (b) (6), (b) (7)(C)  4c. Cell No.
pending discharge in order to disco 3. Full name of party filing charge (if labor organiza (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Zi	yer discriminated against employee ourage union activities or membership ation, give full name, including local name and num	4b. Tel. No (b) (6), (b) (7)(C) 4c. Cell No 4d Fax No
pending discharge in order to disco 3. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and 2) (b) (6), (b) (7)(C)	yer discriminated against employee ourage union activities or membership ation, give full name, including local name and num P code)	4b. Tel. No. (b) (6), (b) (7)(C)  4c. Cell No. 4d Fax No. 4e e-Mail
pending discharge in order to disco 3. Full name of party filing charge (if labor organization)  (b) (6), (b) (7)(C)  4a. Address (street and number, city, state, and Zite)  (b) (6), (b) (7)(C)  5. Full name of national or international labor organization)  6. DECLARATION	yer discriminated against employee ourage union activities or membership ation, give full name, including local name and num P code)	the Tel No (b) (6), (b) (7)(C)  4c. Cell No 4d Fax No 4e e-Mail (lo be filled in when charge is filed by a labor
pending discharge in order to disco 3. Full name of party filing charge (if labor organization)  4a. Address (street and number, city, state, and Zi (b) (6), (b) (7)(C)  5. Full name of national or international labor organization)  6. DECLARATION 1 declare that I have read the above charge a my, knowledge and belief.	yer discriminated against employee ourage union activities or membership ation, give full name, including local name and num P code)	4b. Tel. No. (b) (6), (b) (7)(C)  4c. Cell No. 4d Fax No. 4e e-Mail (lo be filled in when charge is filed by a labor  Tel. No. (b) (6), (b) (7)(C)
pending discharge in order to disconsist pending discharge in order to disconsist pending of party filing charge (if labor organization)  The pending discharge in order to disconsist pending organization in organization in the pending organization in the	yer discriminated against employee ourage union activities or membership ation, give full name, including local name and num P code)	the Tel No (b) (6), (b) (7)(C)  4c. Cell No 4d Fax No 4e e-Mail (lo be filled in when charge is filed by a labor
pending discharge in order to disco  3. Full name of party filing charge (if labor organization)  4a. Address (street and number, city, state, and Zi  (b) (6), (b) (7)(C)  5. Full name of national or international labor organization)  6. DECLARATION  I declare that I have read the above charge a my, knowledge and belief.  (b) (6), (b) (7)(C)	yer discriminated against employee ourage union activities or membership ation, give full name, including local name and num  P code)  nization of which it is an affiliate or constituent unit and that the statements are true to the best of	4b. Tel. No. (b) (6), (b) (7)(C)  4c. Cell No. 4d Fax No. 4e e-Mail (lo be filled in when charge is filed by a labor  Tel. No. (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

## CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

File an original of this charge with NLRB Regional		
	EMPLOYER AGAINST WHOM CHARGE IS BRO	
a Name of Employer FORD MOTOR COMPANY (FORD ENGINE PLANT #1)		b Tel. No. (216)676-3592
Table made an easily of the en	1501=1 6 011 01X	c Cell No
d. Address (street, city, state ZIP code) 18300 FIVE POINTS ROAD,	e. Employer Representative DAVE ALLEN, HR MANAGER	f Fax No.
BROOKPARK, OH 44142	Distriction, with the same of	g e-Mail
		h Dispute Location (City and State) BROOKPARK, OH
Type of Establishment (factory, nursing home, hotel)     Factory	j. Principal Product or Service Automobiles	k Number of workers at dispute location 700
I The above-named employer has engaged in an National Labor Relations Act, and these unfair lab practices are unfair practices affecting commerce 2. Basis of the Charge (set forth a clear and conci-	or practices are practices affecting commerce with within the meaning of the Act and the Postal Reor	ganization Act
with respect to their terms and cond (b) (6), (b) (7)(C) resulting in an original others in direct response to in the (b) (6), (b) (7)(C) area.	litions of employment by subjecting the ingoing and significant loss of earnings their protected actions in filing various	and other bargaining unit employees em to a shift reassignment on or about s. Concurrently, it the eatened employee grievances regarding work assignments
(b) (6), (b) (7)(C)		N ORN
(b) (6), (b) (7)(C)	(P code)	4b Tel No. (b) (6), (b) (7)(c) $\infty$ 3
		4d. Fax No U 4e e-Mail
5 Full name of national or international labor organization)	nization of which it is an affiliate or constituent uni	
my knowledge and belief.	and that the statements are true to the best of	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) (b) (6), (b) (7)(©) (c) An Individual	Office, if any, Cell No.
(signature or representative or person making of Address (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Print Name and Title  XDate:	Fax No. e-Mail
I declare that I have read the above charge a my knowledge and belief.  (b) (6), (b) (7)(C)  XBy:  (signature or representative or person making of Address.(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) An Individual Print Name and Title	Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

08-CA-096384 January 15, 2013

File an original of this charge with NLRB Regional	Director in which the alleged unfair labor practice	
a. Name of Employer FEDERAL METAL		b. Tel. No. (440)232-8700
d Address (street, city, state ZIP code)	e. Employer Representative	c. Cell No.
7250 DIVISION ST, BEDFORD, OH	e. Employer Nepresentative	I. I dx NO.
44146-5406		g. e-Mail
		h. Dispute Location (City and State) Bedford, OH
Type of Establishment (factory, nursing home,	J Principal Product or Service	k Number of workers at dispute location
hotel)		56
Foundry	Metal Foundry	
The above-named employer has engaged in and the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commod 2. Basis of the Charge (set forth a clear and concise on or about (b) (6), (b) (7)(C) 2013, (b) (6), (l) Local 507.  3 Full name of party filling charge (if labor organization) (b) (6), (b) (7)(C)  4a. Address (street and number, city, state, and ZII (b) (6), (b) (7)(C)	labor practices are practices affecting commerce erce within the meaning of the Act and the Posta se statement of the facts constituting the alleged  (7)(C) was suspended because of entire including local name and number of the facts.	Reorganization Act unfair labor practices)  activities on behalf of the Teamsters
5. Full name of national or international labor organization)	nization of which it is an affiliate or constituent un	4e. e-Mail it (to be filled in when charge is filed by a labor
6 DECLARATION I declare that I have read the above charge ar my knowledge and belief.	nd that the statements are true to the best of	Tel No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Office if any Cell No (b) (6), (b) (7)(C)
(signature) in impresentative or person making ch	narge) Print Name and Title An Individual	Fax No.
(b) (c), (b) (7)(C)	Date:	e-Mail

## WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U S C § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.



# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

 DO NOT WRITE IN THIS SPACE

 Case
 Date Filed

 08-CA-096405
 1/15/13

1,	EMPLOYER AGAINST WHOM CHARGE IS BROUG	GHT
a. Name of Employer UNITED STATES POSTAL SERVICE	-RICHFIELD BRANCH	b. Tel. No. (330)659-3661
		c. Cell No.
d. Address (street, city, state ZIP code) 3900 BROADVIEW RD, RICHFIELD,	e. Employer Representative MARIA LOWTHER	f. Fax No.
OH 44286-9164	200000000000000000000000000000000000000	g. e-Mail
		h. Dispute Location (City and State) Richfield, OH
Type of Establishment (factory, nursing home, otel)	j. Principal Product or Service	k. Number of workers at dispute location 9
Inited States Postal Service	Mail processing and delivery	
On about (b) (6), (b) (7)(C) 2012, the above	se statement of the facts constituting the alleged unformation of the facts considered the facts of	and representatives laid off its
	e-named Employer, by its officers, agents nembership in, and activity on behalf of, th	
Full name of party filing charge (if labor organiz		
Full name of party filing charge ( <i>if labor organize</i> (b) (6), (b) (7)(C)	e-named Employer, by its officers, agents membership in, and activity on behalf of, th ation, give full name, including local name and numb	er) 4b. Tel. No.
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3. Full name of party filing charge ( <i>if labor organize</i> (b) (6), (b) (7)(C)  12. Address (street and number city state and 7)  (b) (6), (b) (7)(C)  2. Full name of national or international labor organize	e-named Employer, by its officers, agents membership in, and activity on behalf of, th ation, give full name, including local name and numb	er)  4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)  4d. Fax No. 4e. e-Mail o be filled in when charge is filed by a labor
Full name of party filing charge (if labor organization)  a. Address (street and number city state and 7 (b) (6), (b) (7)(C)  b. Full name of national or international labor organization)  DECLARATION I declare that I have read the above charge a my know breeze and 7 (b) (c)	e-named Employer, by its officers, agents membership in, and activity on behalf of, the ation, give full name, including local name and number peode)	er)  4b. Tel. No.  4c. Cell No.  (b) (6), (b) (7)(C)  4d. Fax No.  4e. e-Mail o be filled in when charge is filed by a labor  Tel. No.
Eull name of party filing charge (if labor organization)  a. Address (street and number city state and 7 (b) (6), (b) (7)(C)  b. Full name of national or international labor organization)  b. DECLARATION I declare that I have read the above charge a my know property in the life.  (b) (c), (b) (7)(C)  By:	e-named Employer, by its officers, agents membership in, and activity on behalf of, the ation, give full name, including local name and number code)  nization of which it is an affiliate or constituent unit (to the consti	er)  4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)  4d. Fax No. 4e. e-Mail o be filled in when charge is filed by a labor
B. Full name of party filing charge (if labor organization)  a. Address (street and number city state and 7 (b) (6), (b) (7)(C)  b. Full name of national or international labor organization)  b. DECLARATION I declare that I have read the above charge a my know (b) (0), (b) (7)(C)	e-named Employer, by its officers, agents membership in, and activity on behalf of, the ation, give full name, including local name and number code)  nization of which it is an affiliate or constituent unit (in that the statements are true to the best of (b) (6), (b) (7)(C) An Individual	er)  4b. Tel. No.  4c. Cell No.  (b) (6), (b) (7)(C)  4d. Fax No.  4e. e-Mail  o be filled in when charge is filed by a labor  Tel. No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Case Date Filed 1/22/13 8-CA-096730

	EMPLOYER AGAINST WHOM CHARGE IS	
a. Name of Employer PENSKE TRUCK LEASING		b. Tel. No. (419)873-8611
		c. Cell No.
Address (street, city, state ZIP code) 12222 WILLIAMS RD,	e. Employer Representative CRIS ERWIN	f. Fax No.
PERRYSBURG, OH 43551-6803	CRIS ERWIN	g. e-Mail
		h. Dispute Location (City and State) Perrysburg, OH
Type of Establishment (factory, nursing home, otel)	j. Principal Product or Service	k. Number of workers at dispute location 10
easing	Trucks	10
		ruck Leasing by its officers, agents and and/or Protected Concerted Activities.  Truck Leasing terminated (b) (6), (b) (7)(C)
on or about (b) (6), (b) (7)(C) 2012, the ecause of Union and/or Protected by the Acts set forth in the paragraph epresentatives, has interfered with, respectively in the exercise of their right.	e above named employer Penske Concerted Activities.  aph above and by other acts and strained, and coerced and is interfering the guaranteed in Section 7 of the same	Truck Leasing terminated (b) (6), (b) (7)(C) conduct, it, by its officers, agents, and ag with, restraining, and coercing aid Act.
on or about (b) (6), (b) (7)(C) 2012, the ecause of Union and/or Protected by the Acts set forth in the paragraph persentatives, has interfered with, resemployees in the exercise of their rise.	e above named employer Penske Concerted Activities.  aph above and by other acts and strained, and coerced and is interfering the guaranteed in Section 7 of the same	Truck Leasing terminated (b) (6), (b) (7)(C) conduct, it, by its officers, agents, and ag with, restraining, and coercing aid Act.
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On or about (b) (6), (b) (7)(C) 2012, the decause of Union and/or Protected By the Acts set forth in the paragra epresentatives, has interfered with, resemployees in the exercise of their rise employees in the exercise of their rise full name of party filing-charge (if labor organics) (b) (6), (b) (7)(C) a Address (street and number, only, state, and b) (6), (b) (7)(C)  Full name of party filing-charge (if labor organics) (b) (6), (b) (7)(C)  Full name of party filing-charge (if labor organics) (b) (c), (d) (e), (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	e above named employer Penske Concerted Activities.  aph above and by other acts and strained, and coerced and is interferinghts guaranteed in Section 7 of the saization, give full name, including local name and ZIP code)  ganization of which it is an affiliate or constituent and that the statements are true to the best (b) (6), (b) (7)(C)  AN INDIVIDUAL	Truck Leasing terminated (b) (6), (b) (7)(C)  conduct, it, by its officers, agents, and ag with, restraining, and coercing aid Act.  d number)  4b. Tel No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)  t unit (to be filled in when charge is filed by a labor
On or about (b) (6), (b) (7)(C) 2012, the decause of Union and/or Protected By the Acts set forth in the paragraph representatives, has interfered with, rests employees in the exercise of their risk employees (if labor organics) (b) (6), (b) (7)(C)  Example 1	e above named employer Penske Concerted Activities.  aph above and by other acts and strained, and coerced and is interferinghts guaranteed in Section 7 of the saization, give full name, including local name and ZIP code)  ganization of which it is an affiliate or constituent and that the statements are true to the best (b) (6), (b) (7)(C)  AN INDIVIDUAL	Truck Leasing terminated (b) (6), (b) (7)(C)  conduct, it, by its officers, agents, and ag with, restraining, and coercing aid Act.  d number)  4b. Tel No.  4c. Cell No.  (b) (6), (b) (7)(C)  4d. Fax No.  4e. e-Mail  (b) (6), (b) (7)(C)  at unit (to be filled in when charge is filed by a labor  Tel. No.  Office, if any, Cell No.  (b) (6), (b) (7)(C)  Fax No.
On or about (b) (6), (b) (7)(C) 2012, the pecause of Union and/or Protected By the Acts set forth in the paragra representatives, has interfered with, results employees in the exercise of their rises.  3 Full name of party filing-charge (if labor organics) (b) (6), (b) (7)(C)  4a Address (street and number, city, state, and b) (6), (b) (7)(C)  5. Full name of party filing-charge (if labor organics) (b) (6), (b) (7)(C)  6. DECLARATION I declare that I have read the above charge my knowledge and belief.  By: V(b) (6), (b) (7)(C)	e above named employer Penske Concerted Activities.  aph above and by other acts and strained, and coerced and is interferinghts guaranteed in Section 7 of the saization, give full name, including local name and ZIP code)  ganization of which it is an affiliate or constituent and that the statements are true to the best (b) (6), (b) (7)(C)  AN INDIVIDUAL	Truck Leasing terminated  (b) (6), (b) (7)(C)  conduct, it, by its officers, agents, and ag with, restraining, and coercing aid Act.  d number)  4b. Tel No.  4c. Cell No.  (b) (6), (b) (7)(C)  4d. Fax No.  4e. e-Mail  (b) (6), (b) (7)(C)  at unit (to be filled in when charge is filed by a labor  Tel. No.  Office, if any, Cell No.  (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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INTERNET (2-0B)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE	
Case Date Filed	
08-CA-096776	1/22/2013

aneal@seiu1199.org

CHARGE AGAINST EMPLOYER INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel No. 419-382-2200 a. Name of Employer Waterford Commons c. Cell No. f. Fax No. e. Employer Representative d. Address (Street, city, state, and ZIP code) Diane Hendricks 955 Garden Lake Pkwy g. e-Mail Toledo, OH 43614 h. Number of workers employed i Identify principal product or service Type of Establishment (factory, mine, wholesaler, etc.) Elderly Patient Care Nursing Home k The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 8 (a)(3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) On or about (b) (6), (b) (7)(C) 2013, the employer by its officers, agents, and representatives, retaliated against (b) (6), (b) (7)(C) for participating in protected concerted activity under Section 7 of the Act. Management has denied giving a copy of the written discipline to 3. Full name of party filing charge (if labor organization, give full name, including local name and number) Service Employees International Union, District 1199 WV/KO/OH 4b. Tel. No. 614-461-1199 4a Address (Street and number, city, state, and ZIP code) 1395 Dublin Rd 4c Cell No. Columbus, OH 43215 4d. Fax No 614-461-1549 4e e-Mail 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) Service Employees International Union 6. DECLARATION 330-272-5089 I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. Office, if any, Cell No. ON 15x1 7. H. PCCCS (signature of representative or person making charge) Fax No. e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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INTERNET FORM NIGHT-501

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE	
Case	Date Piled
08-CA-096936	1/24/13

CHARGE AGAINST EMP	LOYER	Case		Dale Piled
NATRUCTIONS:		08-CA-09		1/24/13
e sh original Mith NLRE Regional Director for the region in wh	ich tite alleged unfair i	ation practice cocumed or in one IM. CHARGE IS BROUGHT	urang.	·
e. Name of Employer	TEACHING! YVIIC	M. ODANGE 19 BROUGH	b. 76	No. 419-727-8010
Nova Services				
111111111111111111111111111111111111111			o. Ce	ll No.
			f. Pe	(No. 418-727-8020
ł. Addresa (Sirset, olly, siale, and ZIP code) 3028 N. Summit Street Foledo, OM 43811-3342		tepresentative toban, Esq.	g. e4	
101840, ON #3011-3342			h. No	mber of workers employed 33
. Type of Establishment (factory, mine, wholesaler, etc.) Fabricating/manufacturing	j. Identily prince metal shipp	dpal product or setvice ing racks		
on or about (b) (6), (b) (7) (c) 2012, I applied for work fork that day on the second shift, at 3 PM. Durwicked for the Union. Taked if I would sign a talement. I did not know anything about the Unide to work the next day. I arrived at work the upporter openly. At the beginning of my shift, I sked me questions about the Union, for a long time. I did not know beatinns and my answers,	a statement saving into n. I met (b) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	to I don't work for the Unit of the Unit o	lon, and I playee, the sea knew , (b) (7 e Unlon, a 30 minute	told him I would sign the at day and asked and was a Union (C) were. (DTG), (DTG)(C) and other questions
Full name of party filing charge (if labor organization, give Iron Workers Local No. 55	Tuli namo, including	local name and number)		
Address (Street and number, city, state, and ZIP code)	**			
100 Allerda Crean	1 HE	CEU	4b. Tell N	o, 419-385-6613
108 Atlantic Street	/ HE	CEIVED	4b, Tel. N	419-385-6613
Toledo, Ohio 43609	JAN N N REG	CEIVED 24 2013	1000	419-385-6613
	JAN REG	CEIVED 24 2013 LAB ION 8	4o. Cell No	419-385-6613
Toledo, Ohio 43609	which II is an affiliate	ON 8	46. Pex N	419-385-6613 b. 419-385-6041
Toledo, Ohio 43609  Full name of national or international labor organization of tentrollon) International Association of Bridge, St	which it is an affiliate tructural, Ornam	or constituent unit (to be filled ental, and Reinforcing I	46. Pex N	419-385-6613 b. 419-385-6041
Full name of national or international labor organization of the international Association of Bridge, State of the international Association of the internation of the internation of the internation of the internation of t	which it is an affiliate tructural, Ornam  Note the best of the be	or constituent unit (to be filed ental), and Reinforcing I of my knowledge and bellef,	40. Cell No. 46. Fex N 46. a-Mail in when ohe ronworke	419-385-6613 b. 419-385-6041 arge is filed by a lebar
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Full name of national or international labor organization of tentration) International Association of Bridge, Statement that I have read the above charge and that the statement	which it is an affiliate tructural, Ornam  Note the best of the be	or constituent unit (to be filed ental), and Reinforcing I of my knowledge and bellef,	40. Cell No. 46. Fex.N. 46. a Mail In when ohi ronworke Tel. No. Office, If an	419-385-6613  b. 419-385-6041  argo is filed by a later  ers  419-385-6613  ay, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, YITLE 18, SECTION 1001)

FRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 20 U.S.C. § 151 et seg. The principal use of the information is to easist the National Labor Relations Board (NLRB) in processing until labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Pederal Register, 71 Fed. Reg. 7494243 (Dec. 13, 2008). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Poin NLRB - 501 (2-06)

# NATIONAL LABOR RELATIONS BOARD RECEIVED CHARGE AGAINST FMD.

DO NOT WRITE IN THIS SPACE Case Date Filed 8-CA-097005 1/24/13

INSTRUCTIONS:

	EMPLOYER AGAINST-WHOM CHARGE IS BROL	JGHT
A Name of Employor MERCY REGIONAL MEDICAL CENT	ER	b. Tel. No. (440)960-4293 c. Cell No. (440)714-1665
d Address (street, city, state ZIP code) 3700 KOLBE RD, LORAIN, OH 44053-1611	e. Employer Representative AMIE HICHASON, Vice President of Human Resources	f. Fax No. (440)960-4630 g. e-Mail amie richason@health-partners.org fr. Dispute Lucation (Oity and State) Lorain, OH
i Type of Establishment (factory, nursing home, hotel) Hospital	J. Principal Product or Service Medical Care	k. Number of workers at dispute location 540

I. The apply named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and those unfeir labor practices are practices affecting commence within the mooning of the Act, or these unfair labor practices are unlar practices affecting commerce within the meaning of the Act and the Postal Reorganization Act

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Since on or about January 1, 2013, it, through its officers, agents, and representatives, has interfered with, restrained, and coerced, and is interfering with, restraining, and coercing employees of Mercy Regional Medical Center, in the exercise of their rights to self-organization, to form, join or assist labor organizations, to bargain collectively through representatives of their own choosing, and to engage in other concerled activities for the purpose of collective bargaining or other mutual aid or protection, or to refrain from any or all such activities, which rights are guaranteed in Section 7 of the said Act.

) and (b) (b) (b) (7)(C) again to be its efficient against and municipated against at all against a to a grant and a grant and against a to a grant and a grant an	(b) (6), (b) (7)(C)
1(6) (b) (7)(c)	ischipa
on or about (b) (6), (b) (7)(c) 2013, it, by its officers, agents, and representatives, discriminated again (b) (6), (b) (7)(c) because of activities in behalf of SEIU District 1199, a labor organization, by its officers, agents, and later removing some of job responsibilities	because DIG DI
iscipline of a final suspension, and fater removing some of suspensionals	Decause
ngaged in union activities.	

By the acts set furth in the paragraphs above, and by other acts and conduct, it, by its officers, agents and representatives, has interfered with, restrained and coerced and is interfering with, restraining and coercing its employees in the exercise of their rights guaranteed in Section 7 of the said Act.

3. Full name of party filing charge (if labor organization, give full name, including local filling	and number
SEIU DISTRICT 1199 WV/KY/OH, THE HFALTH CARE AND SOCIAL !	SERVICE UNION, SEIU, AFL-CIO
4a. Address (street and number, city, state, and ZIP code)	4b. Tel. No. (614)461-1199

42. Address (street and number, city, state, and ZIP code

1395 DUBLIN RD,

4c. Cell No. (304)617-2504 4d. Fax No. (614)461-1549 4s, e-Mail abacon@seiu1199.org

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filled by a labor organization) SEIU District 1199 WV/KY/OH, The Houlth Care and Social Service Union, SEIU AFL-CIO

<ol> <li>DECLARATION         I declare that I have read the above cliarge and that the knowledge and belief.     </li> </ol>	o statements are true to the best of my	Tel. No. (614)461-1199
By: al farmin / Hp	AL BACON, Secretary-Treasurer	Cell No. (304)617-2504
(signature of representation or person making charge)  Address: 1395 Etglet IN RD COLUMBUS, OH	Print Name and Little Date:	Fax No. (614)161-1549 e-Mail abacon@solu   199.019

43215-1086

CULUMBUS, OH 43215-1006

124113

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NIRA), 29 U.S.C. 9 151 or seq. The print put use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the Inflamation are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclusure of this information in the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

## CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Case Date Filed 08-CA-097052 January 25, 2013

File an original of this charge with NLRB Regional  1.	EMPLOYER AGAINST WHOM CHARGE IS BROU	
a. Name of Employer FEDERAL METAL		b. Tel No. (440)232-8700
		c. Cell No.
d Address (street, city, state ZIP code)	e. Employer Representative SHAWN MASON, SUPERVISOR	f Fax No
7250 Division Street, Bedford, OH 44146	AND LEO PINKARD, VICE PRESIDENT	g e-Mail
14140	LEO FINNAND, VIGE PRESIDENT	h. Dispute Location (City and State) Bedford, OH
Type of Establishment (factory, nursing home, hotel)	j Principal Product or Service	k Number of workers at dispute location 56
Foundry	Metal Foundry	36
he National Labor Relations Act, and these unfair abor practices are unfair practices affecting comm	is engaging unfair labor practices within the meaning labor practices are practices affecting commerce within the meaning of the Act and the Postal Research of the facts constituting the alleged up the statement of the facts constituting the alleged up the statement of the facts constituting the alleged up the statement of the facts constituting the alleged up the statement of the facts constituting the alleged up the statement of the statement	ithin the meaning of the Act, or these unfair leorganization Act.
On or about (b) (6), (b) (7)(C) 2013, the Employe	er discriminated against and suspended (b) (6	because of membership
and activities on behalf of the Teamsters Loc On or about (b) (6), (b) (7)(C) 2013, the Employe		terminated (b) (6), (b) (7)(C) because of
On or about (b) (6), (b) (7)(C) 2013, the Employe nembership and activities on behalf of the Company of party films charge (if labor organization) (b) (6), (b) (7)(C)	eal 507, a labor organization.  r, by its officers, agents and representatives, are Teamsters Local 507, a labor organization.  stion, give full name, including local name and numbers.	terminated (b) (6), (b) (7)(C) because of
On or about (b) (6), (b) (7)(C) 2013, the Employe nembership and activities on behalf of the Company of party films charge (if labor organization) (b) (6), (b) (7)(C)	eal 507, a labor organization.  r, by its officers, agents and representatives, are Teamsters Local 507, a labor organization.  stion, give full name, including local name and numbers.	terminated (b) (6), (b) (7)(C) because of ber)  4b Tel No (b) (6), (b) (7)(C)
On or about (b) (6), (b) (7)(C) 2013, the Employe nembership and activities on behalf of the B. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C)	eal 507, a labor organization.  r, by its officers, agents and representatives, are Teamsters Local 507, a labor organization.  stion, give full name, including local name and numbers.	terminated (b) (6), (b) (7)(C) because of ber)  4b Tel No (b) (6), (b) (7)(C)  4c. Cell No.
On or about (b) (6), (b) (7)(C) 2013, the Employe nembership and activities on behalf of the 3. Full name of party films charge (if labor organization) (b) (6), (b) (7)(C)  4a. Address (street and number, city, state, and ZI (b) (6), (b) (7)(C)	cal 507, a labor organization.  r, by its officers, agents and representatives, are Teamsters Local 507, a labor organization.  stion, give full name, including local name and number code)	terminated (b) (6), (b) (7)(C) because of (b) (6), (b) (7)(C)  4b. Tel. No. (b) (6), (b) (7)(C)  4c. Cell No. (d) Fax No. (e) e-Mail
On or about (b) (6), (b) (7)(C) 2013, the Employe membership and activities on behalf of the 3. Full name of party filing charge (if labor organize (b) (6), (b) (7)(C)  4a. Address (street and number, city, state, and ZI (b) (6), (b) (7)(C)  5. Full name of national or international labor organization)	al 507, a labor organization.  r, by its officers, agents and representatives, as Teamsters Local 507, a labor organization.  ation, give full name, including local name and number code)	terminated (b) (6), (b) (7)(C) because of the control (b) (6), (b) (7)(C)  4b. Tel. No. (b) (6), (b) (7)(C)  4c. Cell No. 4d. Fax No. 4e. e-Mail to be filled in when charge is filed by a labor
On or about (b) (6), (b) (7)(C) 2013, the Employed membership and activities on behalf of the Teamsters Local membership and activities on behalf of the Teamstership and activities on behalf of the Teamsters Local Teamstership and activities on behalf of the Teamstership and activities on the Teamstership and activ	al 507, a labor organization.  r, by its officers, agents and representatives, as Teamsters Local 507, a labor organization.  ation, give full name, including local name and number code)  hization of which it is an affiliate or constituent unit (and that the statements are true to the best of	terminated (b) (6), (b) (7)(C) because of the per)  4b, Tel, No. (b) (6), (b) (7)(C)  4c, Cell No. 4d, Fax No. 4e, e-Mail to be filled in when charge is filed by a labor  Tel, No. (b) (6), (b) (7)(C)
and activities on behalf of the Teamsters Local activities on behalf of the Teamsters Local activities on about the complex of	al 507, a labor organization.  r, by its officers, agents and representatives, are Teamsters Local 507, a labor organization.  stion, give full name, including local name and number code)  hization of which it is an affiliate or constituent unit (including local name).	terminated (b) (6), (b) (7)(C) because of the control (b) (6), (b) (7)(C)  4b. Tel. No. (b) (6), (b) (7)(C)  4c. Cell No. 4d. Fax No. 4e. e-Mail to be filled in when charge is filed by a labor
On or about (b) (6), (b) (7)(C) 2013, the Employee membership and activities on behalf of the 3. Full name of party filing charge lifelahor organization)  5. Full name of nativities and number, city, state, and ZI (b) (6), (b) (7)(C)  5. Full name of national or international labor organization)  6. DECLARATION I declare that I have read the above charge at my knowledge and belief.	al 507, a labor organization.  r, by its officers, agents and representatives, are Teamsters Local 507, a labor organization.  stion, give full name, including local name and number code)  hization of which it is an affiliate or constituent unit (including local name).	terminated (b) (6), (b) (7)(C) because of the per)  4b, Tel, No. (b) (6), (b) (7)(C)  4c, Cell No. 4d, Fax No. 4e, e-Mail to be filled in when charge is filed by a labor  Tel, No. (b) (6), (b) (7)(C)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U S C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006) The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.



## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

## **CHARGE AGAINST EMPLOYER**

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

08-CA-097166 1/28/13

Fig. as a second of the above with \$11 DD Devices	I Division in the latest the second s	
File an original of this charge with NLRB Regiona	I Director in which the alleged unfair labor practice EMPLOYER AGAINST WHOM CHARGE IS BRO	occurred or is occurring.
a. Name of Employer	EMI ESTERVISATION WITOM STARGE IS BRO	b. Tel. No.
GENERAL MOTORS-LORDSTOWN		(330)824-5221
OZNIZIVIZ IIIO I ONO ZONIZO I ONI		c. Cell No.
d. Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.
2300 HALLOCK YOUNG RD SW,	JOHN DONOHOE	I. I BX NO.
WARREN, OH 44481-9238	SOLIN BONOLIOE	g, e-Mail
WARREN, OF 4446 1-9236		gi o man
	4	h. Dispute Location (City and State)
		Warren, OH
i. Type of Establishment (factory, nursing home,	j Principal Product or Service	k Number of workers at dispute location
hotel)		1000
Factory	Manufacture Automobiles	7.00
	The sales and the sales are	
<ol> <li>The above-named employer has engaged in an</li> </ol>	d is engaging unfair labor practices within the mean	ning of section 8(a), subsections (1) and (3) of the
National Labor Relations Act, and these unfair lab	or practices are practices affecting commerce with	in the meaning of the Act, or these unfair labor
practices are untair practices affecting commerce	within the meaning of the Act and the Postal Reorg	ganization Act.
	ise statement of the facts constituting the alleged un	
On or about 2012, the above	ve named employer, by its officers, ag	ents and representatives, terminated
(b) (6), (b) (7)(C) because of	Union and/or protected concerted acti	vities.
	Same and the second	1
	×	
	n 4	
	MECA	
	Elve	
Dr. the Aste set forth in the management	habaya and by ath 4/2 a 50	t it has its afternoon and
by the Acts set forth in the paragrap	in above and by other aces and conduct	i, it, by its officers, agents, and
representatives, has interfered with,	restrained, and coerced and is interfer	t, it, by its officers, agents, and ing with, restraining, and coercing its
employees in the exercise of their rig	ghts guaranteed in Section of the said	d Act.
3. Full name of party filing charge (if labor organiz	ation, give full name, including local name and num	(her)
(b) (6), (b) (7)(C)		/
4a. Address (street and number, city, state, and Z	IP code)	4b. Tel. No
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)
TE ALE ALE ALE ALE ALE ALE ALE ALE ALE AL		4c. Cell No.
		4d. Fax No.
		4e. e-Mail
5. Full name of national or international labor orga	inization of which it is an affiliate or constituent unit	
organization)		and the state of t
5 DEC 45471011		
6. DECLARATION	and that the statements are true to the best of	Tel. No. (b) (6), (b) (7)(C)
	ind that the statements are true to the best of	(b) (b), (b) (1)(C)
my knowledge and belief. (b) (6), (b) (7)(C)	V - CV-V-V-V-VVIV	Office, if any, Cell No.
By	(b) (6), (b) (7)(C)	Office, if any, cell 140.
(signature of representative or person making o	harge) Print Name and Title	Fax No.
Address: (b) (6), (b) (7)(C)	Date:	e-Mail
(b) (6), (b) (7)(C)	111-287013	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLRB-501 (2-08) UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD L'HARGE AGAINST EMPLOYER

DO NOT WRI	TE IN THIS SPACE
Case	Date Filed
8-CA-097200	1/28/13

ile an original with NLRB Regional Director for the region in which	The second secon		
	th the alleged unfair labor practice occurred or is occ R AGAINST WHOM CHARGE IS BROUGHT		
a. Name of Employer	R AGAINST WHOM CHARGE IS BROUGH	b. Tel	No. 330-225-9121
Pearlview Care Center		1	330-225-9121
realiview date defiler		c. Cell	No. 440-796-2171
	THE TOURS	f. Faxt	No. 330-220-5536
d. Address (Street, city, state and ZIP code)	a Employer Representative		
4426 Homestead Dr. Brunswick, Ohio 44212	Administrator Kimberly M. Corrigan, LNHA,	g. e-Ma KCorr	all igan@pearlviewcarecen
	НСМВА	h. Nur	ober of workers employed
i Type of Establishment (factury, mine, wholesaler, etc.) Nursing Home	j. Identify principal product or service Long term nursing home		
k. The above-named employe has engaged in and is engage		section 9/51 r	phrantings (1) and that
practices are practices affecting commerce within the mei within the meaning of the Alt and the Postal Reorganization. 2. Basis of the Charge (set forth a clear and concise statement)	on Act.		ss anecting commerce
			Dr 2"
			NECEIVED ,  JAN 28 2013  NLRB REGION 8
3 Full name of party filing charge (If labor organization, give Charlotte Dobbins	full name, including local name and number)		RECEIVED , JAN 28 2013 NLRB REGION 8
3 Full name of party filing the rge (If labor organization, give Charlotte Dobbins Service Employee International Union 1199	full name, including local name and number)		JAN 28 2013 NLRB REGION 8
Service Employee International Union 1199 4a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b Tel No	
Service Employee International Union 1199 4a. Address (Street and number, city, state, and ZIP code) 1771 East 30th Street	full name, including local name and number)	4b Tel No	216-566-0117
Service Employee International Union 1199 4a. Address (Street and number, city, state, and ZIP code) 1771 East 30th Street	full name, including local name and number)	4b Tel No	216-566-0117
Service Employee International Union 1199 4a. Address (Street and number, city, state, and ZIP code) 1771 East 30th Street	full name, including local name and number)	4b Tel No 4c. Cell No 4d. Fex N	216-566-0117
Service Employee International Union 1199 4a. Address (Street and number, city, state, and ZIP code)	I which it is an affiliate or constituent unit (to be fill)	4b Tel No 4c. Cell No 4d. Fex N 4e. e-Mail cdobbin	216-566-0117 216-246-9929 216-566-0192 s@seiu1199.org
Service Employee International Union 1199 4a. Address (Street and number, city, state, and ZIP code) 1771 East 30th Street Cleveland, Ohio 44114 5. Full name of national or international labor organization of	I which it is an affiliate or constituent unit (to be fille in 1199	4b Tel No. 4c. Cell No. 4d. Fex N 4e. e-Mail cdobbin ad in when cha	216-566-0117 216-246-9929 216-566-0192 s@seiu1199.org
Service Employee International Union 1199  4a. Address (Street and number, city, state, and ZIP code)  1771 East 30th Street Cleveland, Ohio 44114  5. Full name of national or international Inbor organization or organization) Service Employee International Unio  I declare that I have read the above charge and that the statement	I which it is an affiliate or constituent unit (to be fille in 1199	4b Tel No. 4c. Cell No. 4d. Fex N 4e. e-Mail cdobbin ed in when che	216-566-0117 216-246-9929 216-566-0192 s@seiu1199.org
Service Employee International Union 1199  4a. Address (Street and number, city, state, and ZIP code)  1771 East 30th Street Cleveland, Ohio 44114  5. Full name of national or international Inbor organization or organization) Service Employee International Unio  I declare that I have read the above charge and that the statement	which it is an affiliate or constituent unit (to be fill) In 1199 On ants are true to the best of my knowledge and belief In Ar-lotte Dobbins	4b Tel No. 4c. Cell No. 4d. Fex N 4e. e-Mail cdobbin ad in when cha	216-566-0117 216-246-9929 216-566-0192 s@seiu1199.org arge is filed by a labor

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

(date)

1771 East 30th Street Clevland, Oh 44114

Solicitation of the information on this, form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Faderal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U.S.C. 3512

INTERNET FORM NLRB-501 (2-08)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRI	TE IN THIS SPACE
Case	Date Filed
08-CA-097233	1/29/13

NSTRUCTIONS:	J.C.	08-CA-0972	233	1/29/13
ile an original with NLRB Regional Director for the region in which	th the alleged unfair labor pract	ice occurred or is occu	rring.	
	R AGAINST WHOM CHAP	RGE IS BROUGHT	Total San	
a Name of Employer			b. Te	No. 419-281-9595
Crystal Care Center of Ashland			c. Ce	No.
1 Addition (Oracle wheelst and 700 and a)	- Farelouse Reseases	athus	f. Fax	No.
d. Address (Street, city, state, and ZIP code) 1251 E Main St Ashland, OH 44805	e. Employer Represent Administrator	auve	g. e-N	lail
Ashiolog, Off Areas			h. Nu	mber of workers employed 50
Type of Establishment (factory, mine, wholesaler, etc.) Nursing home	j. Identify principal prod Healthcare	uct or service		
k. The above-named employer has engaged in and is engag subsections) (3)		of the National La	abor Relation	ns Act, and these unfair labor
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization		ir labor practices are	untair practi	es affecting commerce
2. Basis of the Charge (set forth a clear and concise statement) (6), (b) $(7)(C)$ was terminated on (b) (6), (b)	ent of the facts constituting the	e alleged unfair labor j	practices)	
3. Full name of party filing charge (if labor organization, give Service Employee's International Union District	full name, including local nam 1199 WVOH/KY	ne and number)	A	THE WAS THE WA
a. Address (Street and number, city, state, and ZIP code)			4b. Tel. N	6. 614-461-1199 x 101
1395 Dublin Rd Columbus, OH 43215			4c. Cell N	
Solidinoda, OT 1432 IS			4d. Fax	Na. 614-461-1549
200			4e. e-Mai	@seiu1199.org
<ol> <li>Full name of national or international labor organization of organization)</li> <li>Service Employee's International Uniternational Uniternational</li> </ol>		stituent unit (to be filled	d in when ch	arge is filed by a labor
6 DECLARATION of the declare that I have read the above charge and that the statement	ON onts are true to the best of my kn	owledge and belief.	Tel. No.	514-256-9515
Nicholan Gurd Ni	icholas Gurich, Organiz	ing Director	Office, if a	ny, Cell No. 1-1199
(signature of representative or person making charge)	(Print/type name and title or of	fice if any)	Fax No.	514-461-1549
John State Bills State Control		1/28/2013	e-Mail	
1395 Dublin Rd Columbus, OH 43215		A STATE OF THE PARTY OF THE PAR	naurich	@seiu1199.org

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

(dala)

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## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

## CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

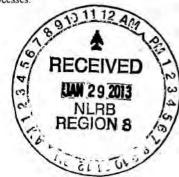
Case Date Filed

08-CA-097263 1/29/13

	Director in which the alleged unfair labor practice of EMPLOYER AGAINST WHOM CHARGE IS BROU	
Name of Employer GENERAL DYNAMICS LAND SYSTE	MS-JSMC	b. Tel. No. 419-221-8516 c. Cell No.
d. Address (street, city, state ZIP code) 1161 BUCKEYE RD, LIMA, OH 45804-1815	e. Employer Representative JONATHON NICHOLS	f Fax No. 419-221-7204 g. e-Mail h. Dispute Location (City and State) Lima, Ohio
Type of Establishment (factory, nursing home, otel) lanufacturing	J. Principal Product or Service  Metal	k, Number of workers at dispute location
Basis of the Charge (set forth a clear and conci- n or about (b) (6), (b) (7)(c) 2013, the Employe	General Dynamics Land Systems by its off	icers and or agents, discriminated against
becifically, the Employer notified (b) (6), (b)  Full name of party filing charge (if labor organiz	membership and activities on behalf of t	he Union. 2013.
(6), (b) (7)(C) an employee, because of pecifically, the Employer notified (b) (6), (b) Full name of party filing charge (if labor organizes b) (6), (b) (7)(C)	membership and activities on behalf of to (7)(C) that would be laid off on ation, give full name, including local name and numbers.	he Union. 2013.
(b) (6), (b) (7)(C) an employee, because of pecifically, the Employer notified (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (c) (d) (d) (d) (e), (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	membership and activities on behalf of to (7)(C) that would be laid off on ation, give full name, including local name and numbers.	he Union.  2013.  (b) (6), (b) (7)(C)  4c. Cell No 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)
(b) (c) (d) (d) (e) an employee, because of pecifically, the Employer notified (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	membership and activities on behalf of to (7)(C) that would be laid off on ation, give full name, including local name and number (P code)	he Union.  2013.  (b) (6), (b) (7)(C)  4c. Cell No 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)
(b) (7)(C) an employee, because of pecifically, the Employer notified (b) (6). (b) (c) (c) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	membership and activities on behalf of to (7)(C) that would be laid off on ation, give full name, including local name and number code)  nization of which it is an affiliate or constituent unit and that the statements are true to the best of (b) (6), (b) (7)(C)	he Union.  2013.  (be)  4b Tel. No (b) (6), (b) (7)(C)  4c. Cell No 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)  (to be filled in when charge is filed by a labor

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BÉ PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

00 NOT WRITE IN THIS SPACE
Case Dele Filed

08-CA-097336

1/30/13

1,	Olrector in which the alleged unfair labor practice EMPLOYER AGAINST WHOM CHARGE IS BRO	UGHT
a. Name of Employer	THE STATE OF THE S	b. Tel. No.
MIDWEST TERMINALS OF TOLEDO	INTERNATIONAL, INC.	(419)698-8171
		c. Cell No
Address (sireel, dly, state ZIP code)	e. Employer Representative	I. Fax No
3518 SAINT LAWRENCE DR,	ALEX JOHNSON	
TOLEDO, OH 43605-1079	PRESIDENT/OWNER	g. e-Mail
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	h Dispute Location (City and State)
		TOLEDO, OH
Type of Establishment (fectory, nursing home,	I. Principal Product or Service	Number of workers at dispute location
notel)		30
OOCK WAREHOUSE	DOCK WORK	
hrough representatives of their own o	이 교통이 보고 그렇게 되는데 하고 있다. 그리고 하고 그리고 있는데 그리고 있다. 그리고 있다.	ted activities for the purpose of collectiv
hrough representatives of their own or pargaining or other mutual aid or prot- ection 7 of the sald Act. pecifically, the Employer is denying ( nembership and/or activities on behal	choosing, and to engage in other concerection, or to refrain from any or all such b) (6), (b) (7)(C) work as a (b) (6), (b) (7)(C) for international Longshoremen Associa	ted activities for the purpose of collective hactivities, which rights are guaranteed when work is performed because of tion, a labor organization.
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through representatives of their own operations of the said Act. Specifically, the Employer is denying nembership and/or activities on behalm (b) (6), (b) (7)(C)  a. Address (street and number, city, stelle, and Z (b) (6), (b) (7)(C)	choosing, and to engage in other concerection, or to refrain from any or all such the concerection, or to refrain from any or all such that is a such that i	when work is performed because of ition, a labor organization.  Tel No.  (b) (6), (b) (7)(C)  4c. Cell No. 4d. Fax No. 4d. e-Mail
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hrough representatives of their own or pargaining or other mutual aid or protection 7 of the sald Act.  pecifically, the Employer is denying thembership and/or activities on behalf the period of the	choosing, and to engage in other concerection, or to refrain from any or all such b) (6), (b) (7)(C) work as a (b) (6), (b) (7)(C) f of international Longshoremen Association, give full name, including local name and number code)  Initially code)  Initially code (b) (6), (c) (7)(C)  AN INDIVIDUAL	when work is performed because of ition, a labor organization.  Tel No.  4b Tel No.  4c Cell No.  4d Fax No.  4d Fax No.  4d Ea Mall  1 (to be filled in when charge is filed by a labor
through representatives of their own of pargaining or other mutual aid or protection 7 of the said Act.  pecifically, the Employer is denying the membership and/or activities on behalf the part of party films charge (if lebor organized) (b) (6), (b) (7)(C)  a. Address (street and number, criv. state and Z (b) (6), (b) (7)(C)  Full name of national or international labor organization)  DECLARATION I declare that I have read the above charge a my knowledge and belter.  By:	choosing, and to engage in other concerection, or to refrain from any or all such b) (6), (b) (7)(C) work as a (b) (6), (b) (7)(C) f of international Longshoremen Association, give full name, including local name and number code)  Initially code)  Initially code (b) (6), (c) (7)(C)  AN INDIVIDUAL	ted activities for the purpose of collective activities, which rights are guaranteed when work is performed because of ation, a labor organization.  Tel. No.  4b. Tel. No.  4c. Cell No.  4d. Fax No.  4e. e-Mall  4 (to be filled in when charge is filed by a labor  Tel. No.  (b) (6), (b) (7)(C)
hrough representatives of their own of pargaining or other mutual aid or protection 7 of the sald Act.  pecifically, the Employer is denying and/or activities on behalf the protection of party filling charge (if lebor organization)  Full name of party filling charge (if lebor organization)  Address (street and number, city, state, and Z (b) (6), (b) (7)(C)  Full name of national or international labor organization)  DECLARATION I declare that I have read the above charge a my knowledge and beller.	choosing, and to engage in other concerection, or to refrain from any or all such b) (6), (b) (7)(C) work as a (b) (6), (b) (7)(C) f of international Longshoremen Association, give full name, including local name and number code)  Initially code)  Initially code (b) (6), (c) (7)(C)  AN INDIVIDUAL	ted activities for the purpose of collection activities, which rights are guaranteed  when work is performed because of lition, a labor organization.  when work is performed because of lition, a labor organization.  when work is performed because of lition, a labor organization.  when when organization.  4b. Tel. No. 4c. Cell No. 4c. Cell No. 4d. Fax No. 4e. e-Mall  t (to be filled in when charge is filed by a labor  Tel. No. (b) (6). (b) (7)(C)  Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or linigation. The routine uses for the information are fully set forth in the Pederal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Case Date Filed 08-CA-097400 1/31/2013

File an criamal of this charge with NI RR Regional	Director in which the alleged unfair labor practice of	columned on 15 percentage
The air engine or his energe with verso regional	EMPLOYER AGAINST WHOM CHARGE IS BROU	JGHT
a. Name of Employer UNITED STATES POSTAL SERVICE		b. Tel. No. (419)245-6802
		c. Cell No
d. Address (street city, state ZIP code) 435 S SAINT CLAIR ST TOLEDO,	e. Employer Representative DANIEL DAVIS	f, Fax No
OH 43601-0001	314 G 5034 G	g e-Mail
		n Dispute Location (City and State) Toledo, OH
Type of Establishment (factory, nursing home, hotel)	Principal Product or Service  Mail	k. Number of workers at dispute location 700
Service	Mail dis engaging unfair labor practices within the mean	
Basis of the Charge (set forth a clear and condi- SEE ATTACHED	nerce within the meaning of the Act and the Postal se statement of the facts constituting the alleged or alleg	lair labor practices)
	ER CARRIERS, TOLEDO BRANCH 100	T = -20
4a. Address (street and number, city, state, and Z 4437 WOODVILLE RD, NORTHWOO		45. Tel No (419)593-8392
		4c. Cell No
		4d Fax No (419)693-0554
		4e e-Mail
organization)	nization of which it is an affiliate or constituent unit	
<ol> <li>DECLARATION         I declare that I have read the above charge a my knowledge and belief.     </li> </ol>	nd that the statements are true to the best of	Tel. No. (419)693-8392
By ander ash	- ANDREW ADKINSON	Office, if any, Cell No. 4/9 356-2077
(signature of representative or person making of	harge) Print Name and Title	Fax No (419)693-0554
Address: 4437 WOODVILLE RD, NORTHWOOD, OH 43619-1859	Date	e-Mail

#### WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001). PRIVACY ACT STATEMENT

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On or about August 9, 2012, the above-named Employer, by (b) (6), (b) (7)(C) at its Toledo Installation, threatened to deny employees and/or union representatives access to its Toledo Installation facilities.

On or about January 10, 2013, the above-named Employer, by (b) (6), (b) (7)(C) at its West Toledo Station, denied union representatives access to this facility which was needed for their representation of bargaining unit employees.

On or about January 10, 2013, the above-named Employer unilaterally placed restrictions on union representatives' access to the 12 facilities covered by the Toledo Installation.

On or about January 16, 2013, the above-named Employer, by Stacey Blanton, at its Franklin Park Station, denied union representatives access to this facility which was needed for their representation of bargaining unit employees.

By the above actions, the Employer has bargained in bad faith with the below-named Labor Organization.

On or about (b) (6), (b) (7)(C) 2012, the above-named Employer discriminated against employee (b) (6), (b) (7)(C) at its Midtown Station, by issuing a written warning because of protected concerted activities.



Jan 31 13 10:02a Branch 100

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

08-CA-097550 2/1/13

	EMPLOYER AGAINST WHOM CHARGE IS BROL	
Name of Employer FULTZ & SON, INC.		b. Tel. No. (419)547-9365
FULIZ & SUN, INC.		c. Cell No.
. Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.
330 ELM ST, CLYDE, OH 43410-	LARRY FULTZ	(419)547-9594
2124	EASK) FOCI2	g. e-Mail
		h. Dispute Location (City and State) Clyde, OH
Type of Establishment (factory, nursing home, lotel)	J. Principal Product or Service	k, Number of workers at dispute location 45
vasle management	waste removal and recycling It is engaging unfair labor practices within the mean	
. Basis of the Charge (set forth a clear end cond	within the meaning of the Act and the Postal Reorg se statement of the facts constituting the alleged ur	nfelr labor practices)
On about (b) (6), (b) (7)(C) 2013, the above		rom employment in retaliation for
support of United Food and Commer	e Employer terminated (b) (6), (b) (7)(C) <sub>fr</sub> cial Workers Union Local 75 and in o	
support of United Food and Commer engaging in union activity.  Full name of party Nino charge (If labor organiz	Employer terminated (b) (6), (b) (7)(C) fr	rder to discourage employees from
support of United Food and Commer engaging in union activity.  Full name of party Mino charge (If labor organiz (b) (6), (b) (7)(C)  3. Address (street and number, city, state, and Z	e Employer terminated (b) (6), (b) (7)(C) fricial Workers Union Local 75 and in o	order to discourage employees from
support of United Food and Commer engaging in union activity.  Full name of party bling charge (If labor organiz (b) (6), (b) (7)(C)	e Employer terminated (b) (6), (b) (7)(C) fricial Workers Union Local 75 and in o	to discourage employees from (ber)  4b. Tel. No. (b) (7)(C)
support of United Food and Commer engaging in union activity.  Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)	e Employer terminated (b) (6), (b) (7)(C) fricial Workers Union Local 75 and in o	to discourage employees from  (ber)  4b. Tel. No. (b) (6), (b) (7)(C)  4c. Cell No.
support of United Food and Commer engaging in union activity.  Full name of party fling charge (If labor organiz (b) (6), (b) (7)(C)	e Employer terminated (b) (6), (b) (7)(C) fricial Workers Union Local 75 and in o	to discourage employees from (ber)  4b. Tel. No. (b) (7)(C)
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support of United Food and Commercengaging in union activity.  Full name of narty filing charge (if labor organized) (b) (6), (b) (7)(C)  a Address (street and number city, state, and Zeta) (b) (6), (b) (7)(C)  b. Full name of national or international labor organizedion)  b. DECLARATION I declare that I have read the above charge a my knowledge and belief.	Employer terminated (b) (6), (b) (7)(C) frictial Workers Union Local 75 and in one allon, give full name, including local name and number of which it is an affiliate or constituent unit and that the statements are true to the best of	to discourage employees from  4b. Tel. No. (b) (6), (b) (7)(C)  4c. Cell No. 4d Esy, No. (b) (6), (b) (7)(C)  4e. e-Mall (to be filled in when charge is filed by a labor  Tel. No. (b) (6), (b) (7)(C)
support of United Food and Commer engaging in union activity.  Full name of narty Mino charge (If labor organiz (b) (6), (b) (7)(C)  a Address (street and number city, state, and Z (b) (6), (b) (7)(C)  . Full name of national or international labor organization)  . DECLARATION I declare that I have read the above charge a	e Employer terminated (b) (6), (b) (7)(C) frictial Workers Union Local 75 and in one allon, give full name, including local name and number code)	4b. Tel. No. (b) (6). (b) (7)(C) 4c. Cell No. 4d. Ear. No. (b) (6), (b) (7)(C) 4e. e-Mall (to be filled in when charge is filed by a labor

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
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#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

	Director in which the alleged unfair labor practice of	
	EMPLOYER AGAINST WHOM CHARGE IS BROU	
a Name of Employer		b. Tel No.
FULTZ & SON, INC.		(419)547-9365
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		c. Cell No.
d. Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.
330 ELM ST, CLYDE, OH 43410-	Larry "Duke" Fultz	(419)547-9594
2124		g. e-Mall
		L SI L L L L L L L L L L L L L L L L L L
		h. Dispute Location (City and State)
7		Clyde, OH
i. Type of Establishment (factory, nursing home,	j. Principal Product or Service	k Number of workers at dispute location
hotel)		45
waste management	waste removal and recycling	
I. The above-named employer has engaged in an	d is engaging unfair labor practices within the meani	ng of section 8(a), subsections (1) and (3) of the
National Labor Relations Act, and these unfair lab	por practices are practices affecting commerce within	the meaning of the Act, or these unfair labor
practices are untair practices affecting commerce	within the meaning of the Act and the Postal Reorga	anization Act.
2. Basis of the Charge (set forth a clear and conc	ise statement of the facts constituting the alleged un	fair labor practices)
		A serial base of the office of the series of
	mployer coercively informed employees	
disciplinary action and/or termination in	order to discourage them from engaging i	n union activity.
(b) (b), (b) (7)(c)		
On about (b) (6), (b) (7)(C) 2012 the	above-named Employer suspended and	then terminated (b) (6), (b) (7)(C)
retaliation for support for the Uni	ted Food and Commercial Workers Loc	75 and to discourse as (b)(5),(b) from
	ted rood and Commercial Workers Loc	ral 75 and to discourage from
engaging in union activity.		
	A STATE OF THE STA	
3. Full name of nady filing charge (if labor organiz	ation, give full name, including local name and number	ber)
(b) (6), (b) (7)(C)		
4a Address (street and number city state and 2	IP code)	4b. Tel. No.
(b) (6), (b) (7)(C)		4g. Cell No.
	<del></del>	(b) (6), (b) (7)(C)
		4d. Fax No.
		4e. e-Mail
5. Full name of national or international labor orga	anization of which it is an affiliate or constituent unit (	
organization)	0 At 6-4 10 10 10 10 10 10 10 10 10 10 10 10 10	
6. DECLARATION		Tel. No.
I declare that have read the above charge a	and that the statements are true to the best of	LIGWAN
my know		
(h) (6, (b) (1, /C)	(b) (6) (b) (7)(C)	Office if any Cell No. (b) (6). (b) (7)(C)
(b) (6), (t	(b) (6), (b) (7)(C) An Individual	(b) (b), (b) (7)(C)
(a) (6), (b(a) (6), (b) (6), (b) (7)(C)		
(significate (b) (6), (b) (7)(C)  Adding (b) (6), (c) (7)(C)	charge) Print Name and Title	Fax No.
(b) (6), (~, \ , \ , \ )	Date: 2/4/13	e-Mail (b) (6), (b) (7)(C)
	· //////	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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FEB-08-2013 15:54

NLRB REGION B

P.02/02

Form NLRB - 501 (2-58)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Date Filed 158 08-CA-098012 2/11/13

	Recidi in Muich the stieged nuight isnot practice of		
	MPLOYER AGAINST WHOM CHARGE IS BROU	IGHT	
a. Name of Employer MIDWEST TERMINALS OF TOLEDO IN		b. Tel. No. (419)698-8171	
		C. Cell No.	11141 341:++
Address (street, city, state ZIP code) 3518 SAINT LAWRENCE DR	e. Employer Reprosentativo ALEX JOHNSON	T PAK NO.	
TOLEDO, OH 43605-1079	PRESIDENT	g, e-Mail	***
		h. Dispute Location (City a TOLEDO, OH	and State)
Type of Establishment (factory, nursing home,	. Principal Product or Service	k. Number of workers at di	epute location
onel) SHIPPING	CARGO CONTAINERS	40	
the Employer has bargained in bad faith w Within the preceding 6 months, and con below-named Labor Organization by fail bargaining agreement with the below-name	ntinuing, the above-named Employer	has bargained in bad i	
	ned Labor Organization.  ion, give hill name, including local name and num.	ben	RECEIVED
INTERNATIONAL LONGSHOREMEN'S	ned Labor Organization.  ion, give full name, including local name and num  S ASSOCATION, AFL-CIO, LOCAL 198	ober) 32	its collective RECEIVED FEB 11 2013 NLRB
INTERNATIONAL LONGSHOREMEN'S fa Address (street and number, city, state, and ZIP	ned Labor Organization.  on, give full name, including local name and num  ASSOCATION, AFL-CIO, LOCAL 198  code)	32 45. Tel. No	its collective RECEIVED
INTERNATIONAL LONGSHOREMEN'S	ned Labor Organization.  on, give full name, including local name and num  ASSOCATION, AFL-CIO, LOCAL 198  code)	aber) 32 45. Tel. No (419)279-6339	its collective RECEIVED FEB 11 2013 NLRB
INTERNATIONAL LONGSHOREMEN'S As Address (street and number, city, state, and ZIP	ned Labor Organization.  on, give full name, including local name and num  ASSOCATION, AFL-CIO, LOCAL 198  code)	32 45. Tel. No	its collective RECEIVED FEB 11 2013 NLRB
INTERNATIONAL LONGSHOREMEN'S 49 Address (street and number, caty, state, and ZIP 2300 ASHLAND AVE, STE 225, TOLED	ned Labor Organization.  ion, give hill name, including local name and num is ASSOCATION, AFL-CIO, LOCAL 198 code)  DO, OH 43620-1280	4b. Tel. No (419)279-6399 4c. Cell No 4d. Fax No 4e. e-Mail	its collective RECEIVED FEB 11 2013 NLRB
INTERNATIONAL LONGSHOREMEN'S  As Address (street and number, cay, state, and ZIP  2300 ASHLAND AVE, STE 225, TOLED  5 Full name of national or international labor organic organization)  6. DECLARATION  I declare that I have read the above charge and	ned Labor Organization.  ion, give full name, including local name and number of SASSOCATION, AFL-CIO, LOCAL 198 (code)  COD, OH 43620-1280  zetion of which it is an affliate or constituent unit	4b. Tel. No (419)279-6399 4c. Cell No 4d. Fax No 4e. e-Mail	RECEIVED FEB 11 2013 NLRB
As Address (street and number, cay, state, and ZIP 2300 ASHLAND AVE, STE 225, TOLED 5 Full name of national or international labor organic proprietation)  5. DECLARATION 1 declare that I have read the above charge and my knowledge and belief.	ned Labor Organization.  Ion, give full name, including local name and number ASSOCATION, AFL-CIO, LOCAL 198 (code)  DO, OH 43620-1280  zetion of which it is an additive or constituent unit of that the statements are true to the best of OTIS BROWN	4b. Tel No (419)279-6399 4c. Cell No 4d. Fax No 4e. e-Mail (to be filled in when charge is	RECEIVED FEB 11 2013 NLRB
INTERNATIONAL LONGSHOREMEN'S  As Address (street and number, cay, state, and ZIP  2300 ASHLAND AVE, STE 225, TOLED  5 Full name of national or international lapter organic organization)  6. DECLARATION  I declare that I have read the above charge and my knowledge and belief.	ned Labor Organization.  Ion, give full name, including local name and number of ASSOCATION, AFL-CIO, LOCAL 198 (code)  DO, OH 43620-1280  Zetion of which it is an adultate or constituent unit of that the atatements are true to the beat of OTIS BROWN PRESIDENT	4b. Tel. No (419)279-6339 4c. Cell No 4d. Fax No 4e. e-Mail (to be filled in when charge is Tel. No. (419)279-6399	its collective RECEIVED FEB 1 1 2013 NLRB I JIN 8

WILLFIIL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 16, SECTION 1061)

Subcritation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Doc. 13, 2006). The NLRB is valuatery, however, failure to supply the information will enuse the NLRB to decline to invoke its processes.

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

	EMPLOYER AGAINST WHOM CHARGE IS BRO	) D (SPI )
a Name of Employer MIDWEST TERMINALS OF TOLEDO		b. Tel. No. (419)698-8171
d Address (street, city, state ZIP code) 3518 SAINT LAWRENCE DR,	e. Employer Representative ALEX JOHNSON,	c. Cell No f. Fax No.
TOLEDO, OH 43605-1079	PRESIDENT/OWNER	g. e-Mail
		h. Dispute Location (City and State) TOLEDO, OH
Type of Establishment (factory, nursing home, hotel)     DOCK WAREHOUSE	j. Principal Product or Service STEVEDORING	k Number of workers at dispute location 45
Since on or about (b) (6), (b) (7)(C) 20 (b) (6), (b) (7)(C) because of union Longshoremen Local 1982.	113, the Employer, by (b) (b) (b) (7)(c) activities and/or at the urging of	unlawfully terminated Union officers of International
3 Full name of party filing charge (if labor organiz		
	ation, give full name, including local name and nu	mber) E R R R
(b) (6), (b) (7)(C)  4a Address (street and number, city, state, and Z		Moen S = SEE
		TA = SEE
4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C)	IP code)	4b, Tel, No. (b) (6), (b) (7)(C)  4c, Cell No. (b) (6), (b) (7)(C)  4d, Fax No. (4e e-Mail
4a Address (street and number, city, state, and Z	IP code)	4b, Tel, No. (b) (6), (b) (7)(C)  4c, Cell No. (b) (6), (b) (7)(C)  4d, Fax No. (4e e-Mail
4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C)  5 Full name of national or international labor organization)  6 DECLARATION I declare that I have read the above charge a my knowledge and belief.	IP code) inization of which it is an affiliate or constituent un and that the statements are true to the best of	4b Tel No. (b) (6), (b) (7)(C).  4c. Cell No. (b) (6), (b) (7)(C).  4d. Fax No. 4e e-Mail  It (to be filled in when charge is filed by a labor.  Tel No. (b) (6), (b) (7)(C)
4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C)  5 Full name of national or international labor organization)  6 DECLARATION I declare that I have read the above charge a my knowledge and belief.  By. (b) (6), (b) (7)(C)	inization of which it is an affiliate or constituent un and that the statements are true to the best of (b) (6), (b) (7)(C)	4b Tel No. (b) (6), (b) (7)(C) 4c, Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e e-Mail  It (to be filled in when charge is filed by a labor
4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C)  5 Full name of national or international labor organization)  6 DECLARATION I declare that I have read the above charge a my knowledge and belief.  (b) (6), (b) (7)(C)	inization of which it is an affiliate or constituent un and that the statements are true to the best of (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)  4c. Cell No.  (b) (6), (b) (7)(C)  4d. Fax No.  4e e-Mail  It (to be filled in when charge is filed by a labor  Tell No.  (b) (6), (b) (7)(C)  Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U S C § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U.S.C \$5:2

INTERVET FORM NLRB-521 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

Date Filed

DO NOT WRITE IN THIS SPACE

Case

INSTRUCTIONS:	08-CA-098515	2/15/13
File an original with NLRB Regional Director for the region in which	the alleged unfair labor practice occurred or is occurri	ng.
No. of the second secon	R AGAINST WHOM CHARGE IS BROUGHT	The Tartes
a. Name of Employer  International Automotive:	Composents ILC	b Tet No
1608 Saunill Porkway	2011 1 750 8 615 17 10 16	Wife Cell No
Huron, CH 44839	Gray He Dermitteth A	Partier -
[		I Fax NO.
d. Address (Street, city, state, and ZIP sodo)  Corporate  Listoria trans / historiation	e. Employer Representative	9-155 - 120, _
JARRA TELEGRAPH Rd Bouthfrehm, HI 4818;		2 43 - 455 - 7000 h. Number of workers employed
i. Type of Establishment (factory, mine, wholesaler, etc.)	I identify principal product or service	Soy 15,000 fuor not
k. The above-named employer has engaged in and is engag		tion B(a), subsections (1) and (list
subsections) Locale de Mues & Stefem	of the National Laborate	or Relations Act, and these unfair labor
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization		fair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise stateme	ent of the facts constituting the alleged unfair labor pro	ectices)
Termination of Engley	pent whites ord	by roun
Falur to pay win	ed vacation Giere	en in stroyers
The profits and the	by to part to you	n = <del>-</del> - 117
	replayment office.	
3. Full name of party filling charge (if labor organization, give (b) (6), (b) (7)(C)	full name, including local name and number)	
(b) (6), (b) (7)(C)	-/-	4b, Tel No (b) (6), (b) (7)(C)
	RECEIVED	(b) (6), (b) (7)(C)
( ) <u>-                                     </u>	FEB 1 5 2013	4d Fax No.
	NLRB RES'ON 8	(b) (6), (b) (1,1)(C) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
Full name of national or international labor organization of urganization)	which it is an affiliate or constituent unit (ic be filled to	one in the state of the state o
6. DECLARATION of the declare that I have read the above charge and that the statement		Tel No. (b) (6), (b) (7)(C)
	b) (6), (b) (7)(C)	
By	Market med	Office, if any, Cell No
(o) (6) (in the control of the contr	(0/0//0//0///0/	Fax No
(b) (6), (b) (7)(C)	0101 7-14-12	(b) (6), (b) ( , )
Address	(date)	
WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN	BE PUNISHED BY FINE AND IMPRISONMENT (U.	S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the Notional Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or lingation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET FORM NLRB-501 (2-0B)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

	DO NOT WR	TE IN THIS SPACE
Case		Date Filed
	8-CA-98560	2/19/13

ALL IN-	R AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b Tel. No. (419) 739-2300
JMC MECHANICAL, INC. AND RICHARD MCC	CORMICK ENTERPRISES, LLC	c. Cell No.
t. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No. (419) 739-2301
		g. e-Mail
9 Broadway Street	John and Richard McCormick	
Wapakoneta, Ohio 45895		h Number of workers employed 10 to 15
Type of Establishment (factory, mine, wholesaler, etc.) construction contractor	Identify principal product or service     plumbing and mechanical trades	Aprilant Research
subsections) practices are practices affecting commerce within the me within the meaning of the Act and the Postal Reorganizate	eaning of the Act, or these unfair labor practices are tion Act.	The second of th
Basis of the Charge (set forth a clear and concise statem	nent of the facts constituting the alleged unfair labor	r practices)
who was engaged in handbilling and bannering	in a public right-of-way in front of the Em	ployers' office.
하는 경기 마음이 마음이다니 어때요? 유명하는 바람이 없는 사람들이 들었다면 모임하다 하나요?		- · · - · - · · · · · · · · · · · · · ·
Sheet Metal Workers' International Association,		4b. Tel. No. (937) 274-5881
heet Metal Workers' International Association,  Address (Street and number, city, state, and ZIP code)	Local Union No. 24, AFL-CIO, CLC	4b. Tel. No. (937) 274-5881 4c. Cell No.
Sheet Metal Workers' International Association, a. Address (Street and number, city, state, and ZIP code) 949 Northcutt Place	Local Union No. 24, AFL-CIO, CLC	(531) 21 4-3661
Sheet Metal Workers' International Association, a. Address (Street and number, city, state, and ZIP code) 949 Northcutt Place	RECEIVED FFR 1 9 2013	4c. Cell No.  4d Fax No.
Sheet Metal Workers' International Association, a. Address (Street and number, city, state, and ZIP code) 949 Northcutt Place	Local Union No. 24, AFL-CIO, CLC	4c. Cell No.
Sheet Metal Workers' International Association, a. Address (Street and number, city, state, and ZIP code) 949 Northcutt Place Payton, Ohio 45414  Full name of national or international labor organization organization)	RECEIVED FEB 1 9 2013 NLRB REGION 8	4c. Cell No.  4d Fax No.  4e. e-Mail
Full name of party filing charge (if labor organization, given Sheet Metal Workers' International Association, a. Address (Street and number, city, state, and ZIP code)  949 Northcutt Place Payton, Ohio 45414  Full name of national or international labor organization organization)  Sheet Metal Workers' International A declare that I layer read the above charge and that the statements	RECEIVED FEB 19 2013 NLRB REGION 8  of which it is an efficiente or constituent unit to be filled.	4c. Cell No.  4d. Fax No.  4e. e-Mail  ed in when cherge is filed by a labor  Tel. No.  513-255-5888
Sheet Metal Workers' International Association, a. Address (Street and number, city, state, and ZIP code)  949 Northcutt Place Payton, Ohio 45414  Full name of national or international labor organization or rganization)  Sheet Metal Workers' International A  6. DECLARAT declare that I May read the above charge and that the statement	RECEIVED FEB 19 2013 NLRB REGION 8  of which it is an efficiente or constituent unit to be filled.	4c. Cell No.  4d Fax No.  4e. e-Mail  ed in when charge is filed by a labor
Sheet Metal Workers' International Association, a. Address (Street and number, city, state, and ZIP code)  949 Northcutt Place Payton, Ohio 45414  Full name of national or international labor organization or rganization)  Sheet Metal Workers' International A  6. DECLARAT declare that I May read the above charge and that the statement	RECEIVED FEB 1 9 2013 NLRB REGION 8  of which it is an efficient or constituent unit to be filled.  Association ION ents are true to the best of my knowledge and belief.	4c. Cell No.  4d. Fax No.  4e. e-Mail  ed in when cherge is filed by a labor  Tel. No.  513-255-5888
Sheet Metal Workers' International Association, a. Address (Street and number, city, state, and ZIP code)  949 Northcutt Place Payton, Ohio 45414  Full name of national or international labor organization organization)  Sheet Metal Workers' International Addeclare that I May read the above charge and that the statement	RECEIVED FEB 19 2013 NLRB REGION 8  Of which it is an efficiente or constituent unit to be filled.  Association  ION ents are true to the best of my knowledge and belief.  Ryan Keith Hymore	4c. Cell No.  4d. Fax No.  4e. e-Mail  Tel. No.  513-255-5888  Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the Information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the Information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this Information to the NLRB is voluntary; however, failure to supply the Information will cause the NLRB to decline to Invoke its processes.

FORM NLRB-501 (2-08)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE	IN THIS SPACE
Case 08-CA-098672	Date Filed 2/20/13

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which		
	NST WHOM CHARGE IS BROUG	
a. Name of Employer Day and Zimmerman NPS		x:140-280-6381
		c. Cell No
d Address (street, city, state, ZIP code)	e. Employer Representative	f. Fax No.
One Perry Circle Perry, Ohio 44081	Dave Balatinez, Site Manager	g. e-Mail
		h Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.) Nuclear Plant	j Identify principal product or service Nuclear Power	ce
Reorganization Act.  2. Basis of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and		
3. Full name of party filing charge (if labor organization, give full (b) (6), (b) (7)(C)	name, including local name and number)	RE RE WIJ FEB :
4a. Address (street and number, city, state, and ZIP code)		ECEIVER ECEIVE
(b) (6), (b) (7)(C)		46. Fax No. (b) (6), (b) (7)(C)
Full name of national or international labor organization of whorganization)	uch it is affiliate or constituent unit (to be filled	in when charge is nied by a labor
6 DECLARATION I declare that I have read the above charge and that the statements are to (b) (6), (b) (7)(C)	ue to the best of my knowledge and belief	Tel. No.  Office, if any Cell No. Same as above
By	An Individual (Print/type name and title or office, if any)	Fax No.
(signature or representative or person making charge)	(Finditype hame and title or office, if any)	

## WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U S C § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigations. The routine uses for the information are fully set forth in the Federal Register, 71 Fed Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, fadure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD FORM EXEMPT UNDER 44 U.S C 3512

DO NOT WRITE IN THIS SPACE Date Filed

VISTRUCTIONS:	LOTER	08-CA-098	3741 2/20/13
e an original with NLRB Regional Director for the region in which	ch the alleged unfair lab	or practice occurred or is occu	urr)ng.
	R AGAINST WHOM	CHARGE IS BROUGHT	
Blosson Nursing and Reh	ias center		b. Tel. No 330 - 337- 3033 c. Cell No.
			f Fax No
d. Address (Street, city, state, and ZIP code)	e. Employer Re	presentative	g. e-Mail
69 Bossom en	Adminis	ישר איזר,	g. s mai
salem, 0H 44460			h. Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.)	The second secon	oal product or service	
TIN DEOTECTE	2013 (b)	CMATE COLUMN	
For Engasing in Protecte Organizing Campaign.	ed Concert	ed activity 1	During a union
Protected Protec	e full name, including l	ocal name and number)	
Protected Protec	of which it is an affiliate	RECEIVED FEB 20 2013 NLRB REC'ON 8 a or constituent unit (to be fille	40 Tel. No.  (14-461-1149  4c. Cell No.  4d. Fax No.  (14-461-1549  4e. e-Mail  Tel. No.
Protected Protec	of which it is an affiliate	RECEIVED FEB 20 2013 NLRB RECO'ON 8 or constituent unit (to be filled) of my knowledge and belief	40 Tel. No.  G14- 461 - 1149  4c. Cell No.  4d. Fax No.  14- 461 - 1549  4e. e-Mail  Tel. No.  330-272-5089  Office, if any, Cell No.
Protected Protec	of which it is an affiliate	RECEIVED FEB 20 2013 NLRB RECO'ON 8 or constituent unit (to be filled) of my knowledge and belief	40 Tel. No.  G14- 461 - 1149  4c. Cell No.  4d. Fax No.  144- 461 - 1549  4e. e-Mail  Tel. No.  330-272-5089  Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Address 1395 Dustin Rd Columbus OH 43215.

			and the same	FORM EXEMPT UNDER 44 U S C 3512	
INTERNET FORM NLRB-501	UNITED STATES OF AMERICA		DO NOT WRITE IN THIS SPACE		
(2-08)		NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER		, Date Filed	
			08-CA-0989	2/25/2013	
NSTRUCTIONS:	B Regional Director for the region in which	h the alleged unfair labo	or practice occurred or is occurr	ing.	
		the state of the s	CHARGE IS BROUGHT		
a. Name of Employer				b Tel Na 419-281-9595	
Crystal Care Cen	ter of Ashland			7 7 11 1	
				c Cell No.	
				f Fax No.	
d. Address (Street, city, state, and ZIP code) 1251 E Main St.		e. Employer Representative Administrator		g. e-Mail	
Ashland, OH 448	05			1	
		Î		h. Number of workers employed 50	
i. Type of Establishme Nursing Home	ent (factory, mine, wholesaler, etc.)	ldentify princip.	al product or service tient care		
k. The above-named of	employer has engaged in and is engagi	ng in unfair labor prac	tices within the meaning of se	ction 8(a), subsections (1) and (list	
subsections)		77 70 80 80		or Relations Act, and these unfair labor	
practices are practi	ces affecting commerce within the mea	ning of the Act, or the			
A total design of the same of the same	of the Act and the Postal Reorganization				
2. Basis of the Charge	e (set forth a clear and concise stateme	ent of the facts constitu	iting the alleged unfair labor pi	ractices)	
On or about, (b) (6	), (b) (7)(C) 2013, (b) (6), (b) (7)	(C)was disciplined	d unjustly as retaliation f	or participating in protected	
The second secon	uring a union organizing campa				
Concert activity of	ding a dilion organizing campa	igii		4	
			R!		
			- 1	CEIVED	
			FF	Ran	
				ECEIVED \	
			Fire	LAR	
			176	~ .	
3. Full name of party	filing charge (if labor organization, give	full name, including lo	cal name and number)		
Service Employee	es International Union, District	199 WV/KY/OH			
4a Address (Street ar	nd number, city, state, and ZIP code)			46 Tel No 614-461-1199	
1395 Dublin Rd Columbus, OH 43	3215			4c Cell No.	
				4d Fax No. 614-461-1549	
				4e e-Mail aneal@seiu1199.org	
A Laborator and Property and Pr	nal or international labor organization of ce Employees International Unio		or constituent unit (to be filled	in when charge is filed by a labor	
Jei vii	ac Employees international office				
I declare that I have re	6. DECLARATION of the above charge and that the statement		of my knowledge and belief	330-272-5089	
1/2	A	Neal, Organizing	Coordinator	Office, if any, Cell No	
(signature of represe	diative or person making charge)	(Printlype name and I	itle or office, it any)	Fax No.	
			0.05.0045	e-Mail	
1395 Dublin	Rd. Columbus, OH 43215		2/25/2013 (date)	aneal@seiu1199.org	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing untain labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET MUMINI MLMB-SUT [2-08)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	PORM EXEMPT UNDER 44 LL5.G 3512	
DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
08-CA-098989	2/25/13	

File an original with NLRB Regional Director for the region in which the ellaged untain labor prac	tice occurred or is occurring.	
INSTRUCTIONS:		
	08-CA-098989	1

Fig. an original with NLRB Regional Director for the region is white 1. FRAPL OVER	h the ellinged until tebor princtice occurred or is occu R AGAINST WHOM CHARGE IS BROUGHY	irting.
s. Name of Employer	The state of the s	b. Tel. No. (330) 761-7807
First Energy Corp.		
		c. Cell No.
		I. Fex No.
d. Address (Street, city, state, and ZIP code) 76 S. Main Street	Employer Representative     David Ferkas, Esq.	g, e-Mail
Akron, Ohio 44308		<b>9</b> . 5 m.s.
		h. Number of workers employed 500
Type of Establishment (factory, mine, wholesaler, etc.) utility company		
k. The above-named employer has engaged in and is engage	ing in unfair labor practices within the meaning of e	ection 6(a), subsections (1) and (#st
subsections) (3)	of the Netional L	abor Relations Act, and those unfair labor
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Rebigahization		urfair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise statems	ent of the feets constituting the elleged unfair labor	preclices)
See attached.		
		RECEIVED FEB 25 2013 NLRB
		ELEVED
		FEB 25 2013
		F NLRB
		8
		,
<ol> <li>Full name of party firing charge fillabor organization, give international Brotherhood of Electrical Workers L</li> </ol>	full marne, including local name and mumbar) ocal Union #245	
4q. Adérese (Stroet and number, cily, state, and ZIP code)		4b. Tel. No. 419-666-3350
705 Lime City Road Roseford, OH 43460		4c. Celi No.
		4d. Fem No. 419-666-5545
		4e, e-Meil
5. Full name of national or international tabor organization of		i in when charge to filed by a tepor
organization) International Brotherhood of Electrical	l Workers Local Union #245	
6. DECLARATIO I declare that I have read the above charge and that the stetement	PN tis are true to the best of my knowledge and belief.	Tel. No. 419-666-3660
By Sta Camer Ph	illip LaCourse, President/Ass.Bus.Man	Office, If any, Call No.
(elgrature of representative or person making charge)	(Printifyee nume and \$20 or office, if any)	Fex No. 419-868-5545
705 Lime City Road, Rossford, OH 43460	2/26/2013	е-Май
Address (date)		

WILLFUL FALSE STATEMENTS ON THUS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.B. CODE, TITLE 16, SECTION 1661)
PRIVACY ACT STATEMENY

Solicitation of the Information on this form is authorized by the National Labor Relations' Act (NLRA), 29 U.S.C. § 151 er.seq. The principal use of the Information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or filipation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this Information will cause the NLRB to decline to involve its processes.

## ATTACHMENT TO CHARGE AGAINST EMPLOYER

The Employer terminated bargaining unit member (b) (6), (b) (7)(C) Or 2012, for allegations of knowingly falsifying pay rate on time cards. (b) (6), (b) (7)(c) defense was (b) (6), (b) (7)(C) who is not a bargaining unit member, approved the higher pay. The Union grieved (b) (6), (b) (7)(c) termination, and prepared eventually to take the grievance to arbitration. In preparing for arbitration, on February 22, 2013, the Employer provided the Union documents, as a response to the Union's records request, which indicated (b) (6), (b) (7)(C) was given a failure to catch the higher pay rate being reported, even though suspension for reviewed (b) (6), (b) (7)(C) time cards every week. (b) (6), (b) (7)(C) was deemed "forthright and honest" through the investigation, while provided a statement through Union steward and was found to be "defensive." (b)(6), (b)(7)(c) conduct was identified by the Employer as "blatant and inappropriate." supervisor, who is not in the bargaining unit, was treated much less severely role in allowing alleged overpayments to the bargaining unit member.

Such conduct discriminates in regard to tenure of employment or any term or condition of employment to discourage membership in a labor organization. This conduct also retaliates against for exercising his rights under the collective bargaining agreement. Accordingly, the Employer violated Section 8(a)(1) and (3) of the Act.



INTERNET FORM NLRB-501 (2-08)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM	EXEMPT	INDER	44 U	SC	3512
			_	_	_

DO NOT WRIT	E IN THIS SPACE	
Case	Date Filed	-
08-CA-099166	2/27/2013	

NSTRUCTIONS: The an original with NLRB Regional Director for the region in which the slieged unfair tabo		08-CA-099166	2/27/2013
	AGAINST WHOM CHARG		
a. Name of Employer		D	Tel. No. 330-369-4672
White Oak Manor	White Oak Manor		Cell No.
A Address (Street alls, place and 710 and 1	a Employer Posmes atali		Fax No. 330-369-2367
d. Address (Street, city, state, and ZIP code) 1926 Ridge Rd. Warren, Ohio 44484	e. Employer Representative Aaron Hetrick		e-Mail  AVOLL HALCICKO SABER HEAR  Number of workers employed Con  38
i. Type of Establishment (fectory, mine, wholeseler, etc.)  LUCSING HOYNE			
subsections) 8a1,3,5  practices are practices affecting commerce within the mea- within the meaning of the Act and the Postal Reorganization.  2. Beels of the Charge (set forth a clear and concise statement)	on Act.	'abor practicea are unfair p	
3 Full name of party filing charge (if labor organization, give Service Employees international Union District 1	full name, including local name	and number)	FEB 27 2013 NLRB REGION 8
Service Employées international Union District 1	199		
4s. Address (Street and number, city, state, and ZIP code)		46.7	<sup>rel. No.</sup> 330-759-3751
3657 Belmont Ave. Youngstown, Ohio 44505		4c. C	<sup>38   No.</sup> 330-651-2104
or manifest and seem and service and service		4d.	Fax No 330-759-4453
			-Mail CAllAhAm@Sciul199-01
5. Full name of national or international labor organization of organization) Service Employees International Unio		tuent unit (to be filled in wh	en charge is filed by a labor
6. DECLARATION 1 declare that I have read the above charge and that the statement	ON oils are true to the best of my know		330-759-3751
Jam Callaham	Administrative Orga	nizer 330	e, if any, Cell No. 0-651-2104
(signature of representative or person making charge)	(PrinVtype name and title or offic	e, if any) Fax	No 330-759-4453
365/ Belmont Ave. Youngstown Onio 44505		2-26-2013 e-Ma (date) pca	ull ullaham@seiu1199.org

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed, Reg. 7494243 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, faiture to supply the information will cause the NLRB to decline in invoke its processes.

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P. 82

Fum NLRD - 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

08-CA-099182 2/27/13

File an original of this charge with NLRB Regional	Director In which the alleged unfair labor practice occurre		
	1. EMPLOYER AGAINST WHOM CHARGE IS BROU		
a. Name of Employer	b. Tel. No. (440)960-4293		
MERCY REGIONAL MEDICAL CENT		c. Cell No. (440)714-1665	
d. Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No. (440)960-4630	
	JENNIFER ANGLE, Human	y. c-Mail	
	Resources Director	iennifer.angle@health-partners.org	
		h. Dispute Location (City and State)	
		Lorain, OH	
i. Type of Establishment (factory, nursing home,	j Principal Product or Service	, k. Number of workers at dispute location	
hotel) Hospital	Medical Care	540	
National Labor Relations Act, and these unfair laborare unfair practices affecting commerce within the mu.  2. Basis of the Charge (sel forth a clear and concise On or about (b) (6), (b) (7)(C) 2012, the E protected union and/or concerted act	statement of the facts constituting the alleged unfair labor mployer placed (b) (6), (b) (7)(C) ctivities.	meaning of the Aci, or these unfair labor practices r practices) n administrative leave because of	
On or about (b) (6), (b) (7)(C) 2012, the E protected union and/or concerted ac	mployer issued (b) (b), (b) (r)(c) a	day suspension because of	
On or about (b) (6), (b) (7)(C) 2013, the E protected union and/or concerte	Employer issued (b) (6), (b) (7)(C) add activities.	final day suspension because of	
Since on or about October 22, 2012, necessary for, and relevant to the representative. Specifically, on to (b) (6), (b) (7)(C) The Employ By the acts set forth in the paragricular representatives, has interfered with, employees in the exercise of their right	the Employer has failed and refused to Union's performance of its duties as (b) (7)(C) 2012, the Union requested inference has refused to provide the informate aphs above, and by other acts and correstrained and coerced and is interfer to guaranteed in Section 7 of the said Act	o provide the Union with information is the exclusive collective-bargaining formation related to discipline issued ion. onduct, it, by its officers, agents and ing with, restraining and coercing its	
3. Full traine of party filing charge (if labor organization	n, give full name, including local name and number)	We start would not be seen that	
SEIU DISTRICT 1199 WV/KY/OH, TH	E HEALTH CARE AND SOCIAL SERVICE	EUNION, SEIU, AFL-CIO	
4a. Address (street and number, city, state, and ZIP of	Ode) / RECEIVED /	4b Tel. No. (614)461-1199	
1305 DUDI W DD		Ac Call No. (304)617-2504	
1395 DUBLIN RD,	FEB 2 7 2013	4d. Fax No. (614)461-1549	
COLUMBUS, OH 43215-1086	NLRB _	4e. e-Mail	
	E /	abacon@seiu1199.org	
5. Full name of national or International labor organize SEIU District 1199 WV/KY/OH, The He	ation of which it is an affiliate or constituent unit (to be filk callth Care and Social Service Union, SEI	ed in when charge is filed by a labor organization) U AFL-CIO	
<ol> <li>DECLARATION         I declare that I have read the above charge and and belief.     </li> </ol>	that the statements are true to the best of my knowle	Tel. No. (614)461-1199	
By: & Same	AL BACON, Secretary-Treasurer	Cell No. (304)617-2504	
(signature of sepresentative or person making char		Fax No. (614)461-1549	
Address: 1395 DUBLIN RD, COLUMBUS, OH Date: e-Mail abacon@seiu1: 43216 1086		e-Mail abacon@seiu1199.org	
AND FREE PALET OF ATEMPATE ON THE CHARC	CALL BE INTERESTED BY EAST AND BARRISTON AFAIT	THE CODE THE CAS SECUTION INTO	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001 PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses the the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-501

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	The second of th	
DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
8-CA-099303	2/28/13	

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel. No. 330-744-2267 a. Name of Employer **EXAL CORPORATION** c. Cell No. f. Fax No. 330-744-1124 d. Address (Street, city, state, and ZIP code) e. Employer Representative MIKE HOFFMAN g. e-Mail ONE PERFORMANCE PLANCE YOUNGSTOWN, OHIO 44502 h. Number of workers employed i. Type of Establishment (factory, mine, wholesaler, etc.) j. Identify principal product or service FACTORY CANS k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 3 of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Since on or about the middle of 2013, the employer has disciplined, harassed, spied on, and threatened with has been instrumental in getting co-workers signed up termination(b) (6), (b) (7)(C)because of union activities. for a Teamster organizing drive, and notifying co-workers of meetings, and discussing the Union at place of employment during breaks and lunches, and before and after work. Full name of party filing charge (if labor organization, give full name, including local name and number)
 Teamsters Local 377 4b. Tel. No. 4a. Address (Street and number, city, state, and ZIP code) 330-743-3111 1223 Teamster Drive 4c. Cell No. Youngstown, Oh. 44502 4d. Fax No. 330-743-1821 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) International Brotherhood of Teamsters Tel. No. 6. DECLARATION 216-401-2014 I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. Office, if any, Cell No. Rick Kepler (Print/type name and title or office, if any) Fax No. e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

1990 Connect Rd, Norton, OH 44203

2/27/13

(date)

rickkepler@yahoo.com

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
08-CA-099383	3/1/13	

File an original of this charge with NLRB Regional	Director in which the alleged unfair labor practice of	ccurred or is occurring.
1.	EMPLOYER AGAINST WHOM CHARGE IS BROU	IGHT
Name of Employer OBGYN OF SOUTHEASTERN OHIO		b. Tel. No. (740)439-9911
Socyalists		c. Cell No.
Address (street, city, state ZIP code) 1230 CLARK ST, CAMBRIDGE, OH	e. Employer Representative CHERYL CUNNINGHAM	f. Fax No.
725-9611	100000000000000000000000000000000000000	g. e-Mail
		h. Dispute Location (City and State)  Cambridge, OH
Type of Establishment (factory, nursing home, otel) octor's office	j. Principal Product or Service  patient care / M A	k. Number of workers at dispute location 12
ational Labor Relations Act, and these unfair lab	d is engaging unfair labor practices within the mean or practices are practices affecting commerce with within the meaning of the Act and the Postal Reorg	n the meaning of the Act, or these unfair labor
(b) (6), (b) (7)(C)	yer discriminated against employee one membership. Specifically, on or about the retaliation for protected, concerted the same, including local name and numbership.	
(b) (6), (b) $(7)(C)$	12°C(((e)	<sup>4b</sup> , Tel. No. (b) (6), (b) (7)(C)
		4c. Cell No.
		4d, Fax No.
		4e. e-Mail
Full name of national or international labor orga ganization)	inization of which it is an affiliate or constituent unit	(to be filled in when charge is filed by a labor
my knowledge and belief.	and that the statements are true to the best of	Tel. No. (b) (6), (b) (7)(C)
By: (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Office, if any, Cell No.
(signature or represent the or person making of	Print Name and Title An Individual	Fax No.
Address: 68188 OLD 21 RD, CAMBRID OH 43725-9381	IGE, Date 02/14/2013	e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



INTERNET FORM NURB-501

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	TOTAL EXCENT TONDER TO 0 0 0012	
DO NOT WRITE IN THIS SPACE		
Case 0.0 C A 0.00 € 1.3	Date Filed 3/5/13	
08-CA-099613	3/3/13	

INSTRUCTIONS: INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged untalk labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel. No. 330-744-2267 a. Name of Employer **EXAL CORPORATION** 2013 MAR -5 P 9: 43 c. Cell No. f. Fax No. 330-744-1124 e. Employer Representative d. Address (Street, city, state, and ZIP code) MIKE HOFFMAN ONE PERFORMANCE PLACE g. e-Mail YOUNGSTOWN, OH 44502 h. Number of workers employed i. Type of Establishment (factory, mine, wholesaler, etc.) i. Identify principal product or service FACTORY CANS k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 3, and 4, of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged untain labor practices) On (b) (6), (b) (7)(C) 2013, the employer did terminate (b) (6), (b) (7)(C) because of union activity. Since on or about the 2013, the employer has issued discipline, harassed, spied on, and threatened with termination middle of been instrumental in getting co-workers to sign authorization cards, notifying co-workers of union meetings, discussing the place of employment in the break room, lunch room, and in the parking lot before and after work, and distributing leaflets to co-workers. THE UNION IS SEEKING A 10J ACTION DUE TO EMPLOYER MISCONDUCT AND VIOLATION OF LABOR LAW. Full name of party filing charge (if labor organization, give full name, including local name and number)
 Teamsters Local 377 4b. Tel. No. 330-743-3111 4a. Address (Street and number, city, state, and ZIP code) 1223 Teamsters Drive 4c. Cell No. Youngstown, Oh 44502 4d. Fax No. 330-743-1821 4e. e-Mail 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor International Brotherhood of Teamsters 6. DECLARATION Tel. No. 216-401-2014 I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. Office, if any, Cell No. Rick Kepler Teamster organizer (Print/type name and title or office, if any) Fax No. e-Mail March 1, 2013 1990 Connect Rd., Norton, Oh 44203 rickkepler@yahoo.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

(date)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA RECEIVED NATIONAL LABOR RELATIONS BOARD NLRB CHARGE AGAINST EMPLOYER REGION 8

DO NOT WRITE IN THIS SPACE

Case Date Filed

08-CA-099697 3-6-13

INSTRUCTIONS:

	7013 MAR - 6 A 9:35	20.27
File an original of this charge with NLRB Regional	Director in which the alleged unfair labor practice	
a. Name of Employer HUSKY ENERGY	CLEVELAND, CHARGE IS BRO	b. Tel. No. (419)226-2300 c. Cell No.
d. Address (street, city, state ZIP code) 1150 S. METCALF LIMA, OH 45804-1145	e. Employer Representative DAVID STEIN	f. Fax No.
2.22.400.000000000000000000000000000000	HR MANAGER	h. Dispute Location (City and State) LIMA, OH
i. Type of Establishment (factory, nursing home, hotel) REFINERY	j. Principal Product or Service OIL REFINERY	k. Number of workers at dispute location 220
The above-named employer has engaged in and National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce     Basis of the Charge (set forth a clear and concision)	or practices are practices affecting commerce with within the meaning of the Act and the Postal Reor	ganization Act.
	ployer has unilaterally changed its past p ow requiring prior notification and permis 212	
3. Full name of party filing charge (if labor organization) UNITED STEELWORKERS OF AMER		nber)
4a. Address (street and number, city, state, and ZI 660 WILLIAMS AVE, DELPHOS, OH 4	P code)	4b. Tel. No.
		4c, Cell No. (419)905-6364
		4d, Fax No.
		4e. e-Mail edelbrockmike@hotmail.com
<ol> <li>Full name of national or international labor organization)</li> <li>UNITED STEEL, PAPER AND FORES AND SERVICE INTERNATIONAL UNI</li> </ol>	TRY, RUBBER, MANUFACTURING, E	
DECLARATION     I declare that I have read the above charge army knowledge and belief.	d that the statements are true to the best of	Tel. No.
By Marcel ( Eme	MICHAEL EDELBROCK PRESIDENT	Office, if any, Cell No. (419)905-6364
(signature of representative of person making ch	arge) Print Name and Title	Fax No.
Address: 660 WILLIAMS AVE DELPHOS, OH 45833-9253	Date: 3/2//3	e-Mail edelbrockmike@hotmail.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET FORM NLRB-501 (2-08)

(b) (6), (b) (7)(C)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U S C 351		FORM	EXEMPT	UNDER 44	U	S	C	35	t
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DO NOT WRITE IN THIS SPACE
Case Date Filed

e-Mail

NSTRUCTIONS:		08-CA-099698	3/6/13
ile an original with NLRB Regional Director for the region in which	the alleged unfair labor practice occ		
1. EMPLOYER	AGAINST WHOM CHARGE I		
a Name of Employer		þ	Tel No (216)676-7100
	-b A 9:35	c	Cell No.
NEVE	LAND, OHU:	if F	ax No
d Address (Street, city, state, and ZIP code)	e Employer Representative		
5600 Henry Ford Blvd. Brookpark, OH 44142-1526	Chuck McCartney, Lab	or Relations g.	e-Mail
	1	h	Number of workers employed
	ingasien - u		1000+
Type of Establishment (factory, mine, wholesaler, etc.) Factory	I J Identify principal product or Engines	service	
k The above-named employer has engaged in and is engagin	g in unfair labor practices within the	ne meaning of section 8(a	a), subsections (1) and (list
subsections) (3) and (4)	o	f the National Labor Rela	tions Act, and these unfair labor
practices are practices affecting commerce within the mean within the meaning of the Act and the Postal Reorganization		or practices are unfair pra	clices affecting commerce
2 Basis of the Charge (set forth a clear and concise statemen	t of the facts constituting the alleg	ned unfair labor practices	)
Since on or about (b) (6), (b) (7)(C) 2013, the above-r			
exercise seniority under the collective bargaini			
protected concerted activities and/or because DiP			
By the acts set forth in the paragraph above and to	by other acts and conduct, i	the above-named Er	mployer, by its officers,
agents and representatives, has interfered with, re-	estrained, and coerced and	is interfering with, re	estraining, and coercing its
employees in the exercise of their rights guarantee	ed in Section 7 of the said	Act.	
(b) (6), (b) (7)(C) charge (if labor organization, give fi	ull name, including local name and	d number)	
(b) (b), (b) (7)(C)			
4a Address (Street and number, city, state, and ZIP code)		4b Te	No (b) (6), (b) (7)(C)
b) (6), (b) (7)(C)		40.00	
		4c Ce	II NO.
		4d. Fa	ex No.
		4e e-N	
		(b) (d	6), (b) (7)(C)
<ol> <li>Full name of national or international labor organization of vorganization)</li> </ol>	vhich it is an affiliate or constituen	t unit (to be filled in when	charge is filed by a labor
6. DECLARATION	V	Tel No	0 (b) (6) (b) (7)(C)
I declare that I have read the above charge and that the statement	s are true to the best of my knowledg		(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	(6), (b) (7)(C) <sub>an individu</sub>	Office,	ıf any, Celi No
(signature or representative or person making unarge)	(Print/type name and title or office, if a		)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request, Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM-NLRR-501

FORM EVENDT LINDED 44 H.C.C. 2512

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

FORM B	XEMPT UNDER 44 U.S.C. 3512		
DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
08-CA-099873	3/8/13		

### INSTRUCTIONS

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

occurring.		
1. EMPLOYER AGAINST	WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of workers employed
Liberty Nursing Center of Toledo		60
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
2005 Ashland Ave., Toledo, OH, 43620	Linda Black – Kurek,	419-255-3040 facility
2002 115114114 11101, 101040, 011, 10020	Owner	
		618-315-2429 Nealy Glenn
	Nealy Glenn- Rep.	
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	9
Nursing Home	Nursing Care	
h. The above-named employer has engaged in and is engaging in unfa		section 8(a), subsections (1) and
(a)(5) of the National Labor Relations Act, and these unfair labor Act.	practices are unfair practices affecting	commerce within the meaning of the
Basis of the Charge (set forth a clear and concise statement of the factors)	cts constituting the alleged unfair labor	practices)
On or about, January 14, 2013 the employer throught	its agents have violated the	Act, by bargining in bad
faith. The Employer has refused to pay members of t	<del>-</del>	
facility is closed in February 2013.	ne amen camea wages and c	arrow vacanters pay writer the
lacinty is closed in a columny 2013.		
The facility has been ardered aloged by the Ohio Day	at of Hoolth	
The facility has been ordered closed by the Ohio Dep	n. of Health.	
		2
•		RECE NU REG MAR -
		<u> </u>
		AR RE
		RECEIVEI NLRB REGION 8 MAR -8 A
By the above and other acts, the above-named employer has interfered	with, restrained, and coerced employed	es in the exercise of the rights
guaranteed in Section 7 of the Act		2
3. Full name of party filing charge (if labor organization, give full name,	including local name and number)	
Service Employees International Union, District 1		
4a. Address (street and number, city, state, and ZIP code)	173	4b. Telephone No.
435 S. Hawley St.		(419) 450-7175
· · · · · · · · · · · · · · · · · · ·		(417) 430-7173
Toledo, OH 43609  5. Full name of national or international labor organization of which it is	an affiliate or constituent unit /to be fills	ed in when charge is filed
by a labor organization)	an annate of constituent unit (to be mis	ed III When Charge is med
Service Employees International Union District 11	99	
	CLARATION	
I declare that I have read the above charge and that the		knowledge and belief.
.1/1 \( \sqrt{1}\)		
By AM ()M/	Admir	nistrative Organizer
(signature of representative or person making charge) /Kyle Hu	ff (title if ai	
	(	••
Address 435 S. Hawley Street, Toledo, OH 43609	(419) 419-450-7175	3-6-13
Tidalogo 155 bi Ilamia biloui, Tolodo, Oli 15005	(Telephone No.)	(date)
MAIN LEN EALSE STATEMENTS ON THIS CHARGE CAN BE DINIS	IED DV EINE AND IMPRIOCHMENT	HO CODE TITLE 40 CECTION 4004)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

### **CHARGE AGAINST EMPLOYER**

INSTRUCTIONS:

	DO NOT WRITE I	N THIS SPACE
RECEIVE	Case	Date Filed
MLRB GION 8	8-CA-099997	3/11/13

1	Director in which the alleged unfair labor practice of	JGHT
a. Name of Employer	Plen-	b. Tel. No.
a. Name of Employer CHRYSLER LLC MOPAR PARTS DISTRIBUTION CENTER MD. OHI		(330)626-7600
		c. Cell No.
	e. Employer Representative JOHN CANNING	f. Fax No.
OH 44241-5220		g. e-Mail
		h. Dispute Location (City and State)
. Type of Establishment (factory, nursing home, notel)	j. Principal Product or Service	k. Number of workers at dispute location 145
Warehouse	Distribution of auto parts	
National Labor Relations Act, and these unfair lab practices are unfair practices affecting commerce	d is engaging unfair labor practices within the mean for practices are practices affecting commerce with within the meaning of the Act and the Postal Reorg ise statement of the facts constituting the alleged un	in the meaning of the Act, or these unfair labor parization Act.
coerced its employees in the exerc		
Since on or about October 20, 201 has refused to bargain collectively	12, it, by its officers, agents and reprecharges under the Act.  12, and at all times thereafter, it, by its and in good faith with United Automorphic the contract concerning promotions.	officers, agents and representatives
Since on or about October 20, 201 has refused to bargain collectively organization, by failing to abide by	12, and at all times thereafter, it, by its and in good faith with United Automo the contract concerning promotions.	officers, agents and representatives obile Workers, Local 573, a labor
Since on or about October 20, 201 has refused to bargain collectively organization, by failing to abide by  Bull name of party filing charge (if labor organization) (b) (6), (b) (7)(C)	12, and at all times thereafter, it, by its and in good faith with United Automore the contract concerning promotions.	s officers, agents and representatives obile Workers, Local 573, a labor
Since on or about October 20, 201 has refused to bargain collectively organization, by failing to abide by (b) (6), (b) (7)(C)	12, and at all times thereafter, it, by its and in good faith with United Automore the contract concerning promotions.	officers, agents and representatives obile Workers, Local 573, a labor ober)  4b Tel No (b) (6), (b) (7)(C)
Since on or about October 20, 201 has refused to bargain collectively organization, by failing to abide by  Bull name of party filing charge (if labor organization) (b) (6), (b) (7)(C)	12, and at all times thereafter, it, by its and in good faith with United Automore the contract concerning promotions.	officers, agents and representatives obile Workers, Local 573, a labor
Since on or about October 20, 201 has refused to bargain collectively organization, by failing to abide by 3. Full name of pady filing charge (if labor organize) (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and 2 (b) (6), (b) (7)(C)	12, and at all times thereafter, it, by its and in good faith with United Automore the contract concerning promotions.  Station, give full name, including local name and nume	officers, agents and representatives obile Workers, Local 573, a labor ober)  4b. Tel. No. (b) (6), (b) (7)(C)  4c. Cell No. 4d. Fax No. 4e. e-Mail
Since on or about October 20, 201 has refused to bargain collectively organization, by failing to abide by 3. Full pame of pady filing charge (if labor organization) (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and 2 (b) (6), (b) (7)(C)  5. Full name of national or international labor organization)  6. DECLARATION	12, and at all times thereafter, it, by its and in good faith with United Automore the contract concerning promotions.  Leation, give full name, including local name and nume	officers, agents and representatives obile Workers, Local 573, a labor ober)  4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (to be filled in when charge is filed by a labor
Since on or about October 20, 201 has refused to bargain collectively organization, by failing to abide by  3. Full pame of pady filing charge (if labor organization) to be compared to be charge organization.  5. Full name of national or international labor organization)  6. DECLARATION I declare that I have read the above charge organization belief.	12, and at all times thereafter, it, by its and in good faith with United Automore the contract concerning promotions.  Leation, give full name, including local name and nume	officers, agents and representatives obile Workers, Local 573, a labor  (b) (a) (b) (b) (c) (c)  4c. Cell No.  4d. Fax No.  4e. e-Mail  (to be filled in when charge is filed by a labor  Tel. No.  (b) (6), (b) (7)(C)
Since on or about October 20, 201 has refused to bargain collectively organization, by failing to abide by 3. Full pame of pady filing charge (if labor organization) (b) (6), (b) (7)(C)  4a. Address (street and number, city, state, and 2 (b) (6), (b) (7)(C)  5. Full name of national or international labor organization)  6. DECLARATION I declare that I have read the above charge any knowledge and belief.  (b) (6), (b) (7, (C)	12, and at all times thereafter, it, by its and in good faith with United Automore the contract concerning promotions.  Lation, give full name, including local name and nume and that the statements are true to the best of an and that the statements are true to the best of an and individual	officers, agents and representatives obile Workers, Local 573, a labor ober)  4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (to be filled in when charge is filed by a labor
Since on or about October 20, 201 has refused to bargain collectively organization, by failing to abide by 3. Full name of pady filing charge (if labor organiz (b) (6), (b) (7)(C)  4a Address (street and number, city, state, and 2 (b) (6), (b) (7)(C)  5. Full name of national or international labor organization)  6. DECLARATION   declare that I have read the above charge any knowledge and belief.	12, and at all times thereafter, it, by its and in good faith with United Automore the contract concerning promotions.  Lation, give full name, including local name and nume and that the statements are true to the best of an and that the statements are true to the best of an and individual	officers, agents and representatives obile Workers, Local 573, a labor ober)  4b. Tel. No. (b) (6), (b) (7)(C)  4c. Cell No. 4d. Fax No. 4e. e-Mail (to be filled in when charge is filed by a labor

### WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. INTERNET FORM NLRB-501 (2-08) UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U S C 3512

Case Date Filed 3-11-13

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INS	RU	С	TIONS	

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel. No. 330-744-2267 a. Name of Employer **EXAL CORPORATION** c. Cell No. f. Fax No. 330-744-1124 e. Employer Representative d. Address (Street, city, state, and ZIP code) ONE PERFORMANCE PLACE MIKE HOFFMAN g. e-Mail YOUNGSTOWN, OHIO 44502 h. Number of workers employed 345 i. Type of Establishment (factory, mine, wholesaler, etc.) Identify principal product or service CANS FACTORY k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 3 of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices). Since mid-January and continuing on a regular basis, the employer has questioned individual workers about their union sympathies, included in this charge is a verbal warning given to a(b) (6), (b) (7)(C) who attended union meetings, and was questioned about union involvement. In December of 2012 the employer, by its agent, (b) (c) (d) (d) did sit in front of the Teamsters Local 377 union hall while a meeting was taking place, to spy on the Exal workers who attended the meeting. A Teamsters Local 377 business agent took a picture of (b) (6), (b) (7)(C) even as (b)(5) tried to cover face by pulling shirt over Full name of party filing charge (if labor organization, give full name, including local name and number)
 Teamsters Local 377 4b. Tel. No. 4a. Address (Street and number, city, state, and ZIP code) 1223 Teamster Drive, Youngstown, Ohio 44205 4c. Cell No. 4d. Fax No. 330-743-1821 4e. e-Mail 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor International Brotherhood of Teamsters Tel. No. 6. DECLARATION 216-401-2014 ead the above charge and that the statements are true to the best of my knowledge and belief. Office, if any, Cell No. Rick Kepler organizer sentative or person making charge) (Print/type name and title or office, if any) Fax No. e-Mail 3/11/13 1990 Connect Rd. Norton, Ohio 44203 rickkepler@yahoo.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET FORM NLRB-501 (2-08)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRI	TE IN THIS SPACE
Case	Date Filed
08-CA-100020	3-11-13

rickkepler@yahoo.com

NSTRUCTIONS:	08-CA-1000	020 3-11-13
File an original with NLRB Regional Director for the region in which		rring.
a. Name of Employer	R AGAINST WHOM CHARGE IS BROUGHT	b. Tel. No. 330-744-2267
EXAL CORPORATION		c. Cell No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No. 330-744-1124
ONE PERFORMANCE PLACE YOUNGSTOWN, OH 44502	MIKE HOFFMAN	g. e-Mail
		h. Number of workers employed 345
i. Type of Establishment (factory, mine, wholesaler, etc.) FACTORY	j. Identify principal product or service CANS	100
subsections) 3 practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization. 2. Basis of the Charge (set forth a clear and concise stateme	ning of the Act, or these unfair labor practices are on Act.	
On or about (b) (6), (b) (7)(C) the employer did disc questioned before (b) (6), (b) (7)(C) about union was held at the Teamsters Local 377 union hall. spread the word about the union. (b) (6), (b) (7)(C) filed.	sympathies by (b) (6), (b) (7)(C) signed a union card, and help	was who spied on a union meeting that ed union activist (b) (6), (b) (7)(C) was who spied on a union meeting that ed union activist (b) (6), (b) (7)(C) and a separate charge has been  CLEVELA
3. Full name of party filing charge (if labor organization, give TEAMSTERS LOCAL 377	full name, including local name and number)	I P I
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No 330-743-3111
1223 TEAMSTER DRIVE, YOUNGSTOWN, OHI	O 44502	4c. Cell No.
		4d. Fax No. 330-743-1821
		4e. e-Mail
Full name of national or international labor organization of organization)     INTERNATIONAL BROTHERHOOD		d in when charge is filed by a labor
6. DECLARATION I declare that I have read the above charge and that the statement	ON nts are true to the best of my knowledge and belief.	Tel. No. 216-401-2014
Date Killer 81		
(signature of representative oriperson making charge)	ck Kepler, organizer	Office, if any, Cell No.
	Ck Kepler, organizer (Print/type name and title or office, if any)	Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

(date)

1990 Connect Rd. Norton, Ohio 44203

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

08-CA-100118 3/12/2013

the state of the s	EMPLOYER AGAINST WHOM CHARGE IS BROUG	
a. Name of Employer		b. Tel. No. (419)729-5456
ARAMARK UNIFORM SERVICES, IN	U	c. Cell No.
d. Address (street, city, state ZIP code)	e. Employer Representative KELLI KELLUMS, General Manager	f. Fax No. (419)729-5922
5120 Advantage Drive	THE THE PERSON OF THE PERSON O	g, e-Mail
Toledo, Chio 43612		h. Dispute Location (City and State) Toledo, OH
Type of Establishment (factory, nursing home, hotel)     Factory	j. Principal Product or Service Cleaning Company	k. Number of workers at dispute location 200

The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and those unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the elleged unfair labor practices)

Since on or about November 6, 2012, it, through its officers, agents, and representatives, has interfered with, restrained, and coerced, and is interfering with, restraining, and coercing employees of Aramark Uniform Services, Inc., in the exercise of their rights to self-organization, to form, join or assist labor organizations, to bargain collectively through representatives of their own choosing, and to engage in other concerted activities for the purpose of collective bargaining or other mutual aid or protection, or to refrain from any or all such activities, which rights are guaranteed in Section 7 of the said Act.

On or about (b) (6), (b) (7)(C) 2012, it, by its officers, agents, and representatives, terminated the employment of (b) (6), (b) (7)(C) because of activities in behalf of UNITE Here, a labor organization, and at all times since such date it has refused and does now refuse to employ the above-named employee.

By the acts set forth in the paragraphs above, and by other acts and conduct, it, by its officers, agents and representatives, has interfered with, restrained and coerced and is interfering with, restraining and coercing its employees in the exercise of their rights guaranteed in Section 7 of the said Act.

(b) (6), (b) (7)(C)	full name, including local name and numb	, and a second
(b) (6), (b) (7)(C)	RECEIVED	4b. Tel. No. 4c. Cell No. 4d. Fex No. 4e. e-Mail (b) (6), (b) (7)(C)
Full name of national or International Tabor organization organization)	f which it is an affiliate of constituent unit (	to be filled in when charge is filed by a lebor
<ol> <li>DECLARATION         I declare that I have read the above charge and that to my knowledge and belief.     </li> </ol>	ne statements are true to the best of	Tel. No.
		Cell No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)  (signal) (spiesenizuva or philip) (nizaring charge)  Address (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) An Individual  Print Name and Title	Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request, Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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FORM NLRB-501

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

FORM	EXEMPT UNDER 44 U.S.C 3512
DO NOT WRITE	IN THIS SPACE
Case	Date Filed
8-CA-100219	3/13/13

### INSTRUCTIONS

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1 EMPLOYER A	AGAINST WHOM CHARGE IS BROUGH	T
a. Name of Employer		b. Number of workers employed
Merit House		15
c. Address (street, city, state, ZIP code) 4645 Lewis Ave. Toledo, OH 43612	d. Employer Representative. John Stone - owner	e. Telephone No. 419-478-5131 facility 41-467-0443 cell
f. Type of Establishment (factory, mine, wholesaler, etc.) Nursing Home	g. Identify principal product or se Nursing Care	ervice
<ul> <li>h. The above-named employer has engaged in and is engager</li> <li>(a)(5) of the National Labor Relations Act, and these unit Act.</li> <li>2. Basis of the Charge (set forth a clear and concise statement)</li> </ul>	ng in unfair labor practices within the meaning fair labor practices are unfair practices affections	ling commerce within the meaning of the
RECEIVE MAR 1 3 2013 NLRB REGION 8		
By the above and other acts, the above-named employer has in guaranteed in Section 7 of the Act	terfered with, restrained, and coerced emplo	cyees in the exercise of the rights
3. Full name of party filing charge (if labor organization, give full	Il name, including local name and number)	
Service Employees International Union, Dist	trict 1199	
4a. Address (street and number, city, state, and ZIP code)		4b Telephone No.
435 S. Hawley St. Toledo, OH 43609		(419) 450-7175
Full name of national or international labor organization of whole by a labor organization)	nich it is an affiliale or constituent unit (to be	filled in when charge is filed
Service Employees International Union Distr	ict 1199	
I declare that I have read the above charge and	6. DECLARATION that the statements are true to the best of	my knowledge and belief.
By Land	Adr	ninistrative Organizer
(signature of representative or person making charge) Ky	le Hatt (little	fany)
Address 435 S. Hawley Street, Toledo, OH 4360	(419) 450-7175 cell (Telephone No.)	3-12-13

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

RC/rc

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

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INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Case 08-CA-100221 3/13/13

File an original of this charge with NLRB Regional		
	Director in which the alleged unfair labor practice of	curred or is occurring.
	EMPLOYER AGAINST WHOM CHARGE IS BROU	
a Name of Employer		b Tel. No
FULTZ & SON, INC.		(419)547-9365
		c. Cell No.
d Address (street, city, state ZIP code)	e. Employer Representative	f Fax No
330 ELM ST, CLYDE, OH 43410-	LARRY FULTZ	(419)547-9594
2124		g, e-Mail
		h Dispute Location (City and State)
		Clyde, OH
i Type of Establishment (factory, nursing home,	Principal Product or Service	k Number of workers at dispute location
holel)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	45
The state of the s		
1. The above-named amployer has angaged in any	is engaging unfair labor practices within the meaning	ng of section 8(a), subsections (1) and (3) of the
National Labor Relations Act, and these unfair lab	or practices are practices affecting commerce within	the meaning of the Act, or these unfair labor
practices are unfair practices affecting commerce	within the meaning of the Act and the Postal Reorga	inization Act
2 Basis of the Charge (set forth a clear and conci	se statement of the facts constituting the alleged unf	fair labor practices)
On about (6) (6) (7) (C) 2013, the above	Employer laid off its employee (b) (6), (b)	in retaliation for support of
	Union Local 75 and in order to discourage	
activity		
activity.		
activity.		
	alian aha kul aama inaludha lagal sama and sumb	
3 Full name of party filing charge (if labor organiz	ation, give full name, including local name and numb	oer)
3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)		
3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and Z		4b Tel No
3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)		4b Tel No (b) (6), (b) (7)(C)
3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and Z		4b Tel No (b) (6), (b) (7)(C) 4c. Cell No.
3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and Z		4b Tel No (b) (6), (b) (7)(C) 4c. Cell No. 4d Fax No
3 Full name of party filing charge (if labor organize (b) (6), (b) (7)(C)  42 Address (street and number, city, state, and 2 (b) (6), (b) (7)(C)	IP code)	4b Tel No (b) (6), (b) (7)(C) 4c. Cell No. 4d Fax No 4e e-Mail
3 Full name of party filing charge (if labor organize (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and 2 (b) (6), (b) (7)(C)  5 Full name of national or international labor organize		4b Tel No (b) (6), (b) (7)(C) 4c. Cell No. 4d Fax No 4e e-Mail
3 Full name of party filing charge (if labor organize (b) (6), (b) (7)(C)  42 Address (street and number, city, state, and 2 (b) (6), (b) (7)(C)	IP code)	4b Tel No (b) (6), (b) (7)(C) 4c. Cell No. 4d Fax No 4e e-Mail
3 Full name of party filing charge (if labor organize (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and 2 (b) (6), (b) (7)(C)  5 Full name of national or international labor organize	IP code)	4b Tel No (b) (6), (b) (7)(C) 4c. Cell No. 4d Fax No 4e e-Mail
3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)  4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C)  5 Full name of national or international labor organization)	nization of which it is an affiliate or constituent unit (i	4b Tel No (b) (6), (b) (7)(C)  4c. Cell No. 4d Fax No 4e e-Mail to be filled in when charge is filed by a labor
3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)  4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C)  5 Full name of national or international labor organization)	nization of which it is an affiliate or constituent unit (i	4b Tel No (b) (6), (b) (7)(C) 4c. Cell No. 4d Fax No 4e e-Mail
3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)  4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C)  5 Full name of national or international labor organization)	IP code)	4b Tel No (b) (6), (b) (7)(C)  4c. Cell No. 4d Fax No 4e e-Mail to be filled in when charge is filed by a labor  Tel No (b) (6), (b) (7)(C)
3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)  4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C)  5 Full name of national or international labor organization)  6. DECLARATION   declare that I have read the above charge a	nization of which it is an affiliate or constituent unit (i	4b Tel No (b) (6), (b) (7)(C)  4c. Cell No. 4d Fax No 4e e-Mail to be filled in when charge is filed by a labor
3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C)  5 Full name of national or international labor organization)  6. DECLARATION   declare that I have read the above charge a my knowledge and belief.	nization of which it is an affiliate or constituent unit (i	4b Tel No (b) (6), (b) (7)(C)  4c. Cell No. 4d Fax No 4e e-Mail to be filled in when charge is filed by a labor  Tel No (b) (6), (b) (7)(C)
3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)  4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C)  5 Full name of national or international labor organization)  6. DECLARATION   declare that I have read the above charge a my knowledge and belief.  By (b) (6), (b) (7)(C)	inization of which it is an affiliate or constituent unit (i) and that the statements are true to the best of (b) (6), (b) (7)(C) An Individual	4b Tel No (b) (6), (b) (7)(C)  4c. Cell No. 4d Fax No 4e e-Mail to be filled in when charge is filed by a labor  Tel No (b) (6), (b) (7)(C)  Office, if any, Cell No.
3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)  4a Address (street and number, city, state, and 2 (b) (6), (b) (7)(C)  5 Full name of national or international labor organization)  6. DECLARATION   declare that I have read the above charge a my knowledge and belief.  By (b) (6), (b) (7)(C)  (signature of coresentative or person making or	inization of which it is an affiliate or constituent unit (i) and that the statements are true to the best of  (b) (6), (b) (7)(C) An Individual  harge) Print Name and Title	4b Tel No (b) (6), (b) (7)(C)  4c. Cell No. 4d Fax No 4e e-Mail to be filled in when charge is filed by a labor  Tel No (b) (6), (b) (7)(C)  Office, if any, Cell No.
3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)  4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C)  5 Full name of national or international labor organization)  6. DECLARATION   declare that I have read the above charge a my knowledge and belief.  By (b) (6), (b) (7)(C)	inization of which it is an affiliate or constituent unit (i) and that the statements are true to the best of (b) (6), (b) (7)(C) An Individual	4b Tel No (b) (6), (b) (7)(C)  4c. Cell No. 4d Fax No 4e e-Mail to be filled in when charge is filed by a labor  Tel No (b) (6), (b) (7)(C)  Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 at seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

## UNITED STATES OF AMERICA

INSTRUCTIONS:

NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE I	N THIS SPACE
Case	Date Filed
08-CA-100433	3/15/13

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring 1 EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a Name of Employer b. Tel. No. FULTZ & SON, INC. (419)547-9365 c. Cell No. d Address (street, city, state ZIP code) e Employer Representative f. Fax No. (419)547-9594 330 ELM ST. CLYDE, OH 43410-LARRY FULTZ MICHAEL WALSKI 2124 g e-Mail h Dispute Location (City and State) CLYDE, OH k. Number of workers at dispute location -i Type of Establishment (factory, nursing home, Principal Product or Service hotel) 45 WASTE REMOVAL, HAULING & WASTE MANAGEMENT RECYCLING I. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1), (3) and (4) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) On or about (b) (6), (b) (7)(C) 2013, the Employer, by its officers, agents and representatives, discriminated against and disciplined its employee, (b) (6), (b) (7)(C) in retaliation for activities and support on behalf of the United Food and Commercial Workers Union Local 75, a labor organization and because previously filed an unfair labor practice charge with the National Labor Relations Board. Within the four months preceding the filing of this charge, the Employer, by its officers, agents and representatives, discriminated against its employee (b) (6), (b) (7)(C) by refusing to grant a promised wage rate increase in retaliation for activities and support on behalf of the United Food and Commercial Workers Union Local 75, a labor organization and because previously filed an unfair labor practice CEIVED charge with the National Labor Relations Board. 3. Full name of party filing charge (if labor organization, give full name, including local name and number) MAR 1 5 2013 (b) (6), (b) (7)(C) Address (street and number, city, state, and ZIP code) VIRR 4b Tel. No. 4c. Cell No (b) (6), (b) (7)(C) (6), (b) (7)(C) ON 8 4d Fax No. 4e. e-Mail 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) Tel. No. 6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. Office, if any, Cell No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) aking charge) Print Name and Title Fax No. Address (b) (6), (b) (7)(C) e-Mail 3-12-13

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

### INSTRUCTIONS:

(b) (6), (b) (7)(C)

CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE Case Date Filed 08-CA-100585 3-19-13

		06-C/1-100303	5-17-13
File an original of this charge with NLRB Regiona	Director in which the alleged unfair labor practice	occurred or is occurring	).
=1,	EMPLOYER AGAINST WHOM CHARGE IS BRO	DUGHT	
a. Name of Employer.		b. Tel. No.	
FULTZ & SON, INC.		(419)547-936	35
		c Cell No	
d Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.	
330 ELM ST, CLYDE, OH 43410-	LARRY FULTZ	(419)547-959	94
2124		g. e-Mail	
XV.	1 111 mm -	i Disastellaration	(City and Chata)
		h Dispute Locatio	(City and State)
r. Type of Establishment (factory, nursing home,	j. Principal Product or Service	CLYDE, OH	ers at dispute location
hotel)	J. Principal Product of Service	45	ers at dispute location
WASTE MANAGEMENT	WASTE HAULING, REMOVAL &	43	
THO IE WEST/NO EMETTS	RECYCLING		
reconstruction and the second control of	id is engaging unfair labor practices within the mea		
			6 3
3 Full name of party filing charge (if labor organi. (b) (6), (b) (7)(C)	zation, give full name, including local name and nu	mber)	
4a. Address (street and number, city, state, and a	ZIP code)	4b Tel. No.	CON .
(b) (6), (b) (7)(C)		(b) (6), (b) (7)	(C)
		4c. Cell No	
		4d. Fax No.	
,,		4e e-Mail	
5. Full name of national or international labor org	anization of which it is an affiliate or constituent un	it (to be filled in when ch	arge is filed by a labor
organization)		Carried and the second of	1,100
SECULDATION.			
6. DECLARATION		Tal No.	
Distribution of the state of the spore charge	and that the statements are true to the best of	Tel. No.	(A)
my knowledge and belief.	and that the statements are true to the best of	Tel. No. (b) (6), (b) (7)	(C)
my knowledge and belief.	(b) (6), (b) (7)(C)		
my knowledge and belief. (b) (6), (b) (7)(C)  By:	and that the statements are true to the best of (b) (6), (b) (7)	(b) (6), (b) (7)	
(b) (6), (b) (7)(C)	(b) (6), (b) (ィバッ	(b) (6), (b) (7) Office, if any, Cell	
By:  (signal re b) (6), (b) (7)(C)   (b) (6), (b) (7)(C)	(b) (6), (b) (7)		
(b) (6), (b) (7)(C)	(b) (6), (b) (ィバッ	(b) (6), (b) (7) Office, if any, Cell	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 USC § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006) The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

6. DECLARATION

I declare that

Address (b) (6

DO NOT WRITE IN THIS SPACE

Case Date Filed

08-CA-100727 3/20/13

(b) (6), (b) (7)(C

Office, if any, Cell.No (b) (6), (b) (7)(C)

e-Mail

HONE

File an original of this charge with NLRB Regiona 1.	EMPLOYER AGAINST WHOM CHARGE I	S BROUGHT
a. Name of Employer COMPREHENSIVE LOGISTICS		b. Tel. No. (330)793-8097 c. Cell No.
d Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No
4944 BELMONT AVE, YOUNGSTOWN, OH 44505-1018	DEB SQAMBATT	g e-Mail
		h. Dispute Location (City and State) Youngstown, OH
Type of Establishment (factory, nursing home, hotel)     warehouse	j. Principal Product or Service parts supplier	k. Number of workers at dispute location 600
practices are unfair practices affecting commerce	within the meaning of the Act and the Posta	Reorganization Act
Since on or about March 15, 2013, it, to coerced, and is interfering with, restrain rights to self-organization, to form, jointheir own choosing, and to engage in our protection, or to refrain from any or a Con (b) (6), (b) (7) (C) 2013, the Employer disc	within the meaning of the Act and the Posta ise statement of the facts constituting the all hrough its officers, agents, and rep ning, and coercing employees of C n or assist labor organizations, to her concerted activities for the purp all such activities, which rights are g	resentatives, has interfered with, restrained, and comprehensive Logistics, in the exercise of their bargain collectively through representatives of cose of collective bargaining or other mutual aid guaranteed in Section 7 of the said Act.
Practices are unfair practices affecting commerce 2 Basis of the Charge (set forth a clear and conci- Since on or about March 15, 2013, it, to coerced, and is interfering with, restrain rights to self-organization, to form, joi their own choosing, and to engage in ot or protection, or to refrain from any or a On (b) (c) (7)(c) 2013, the Employer discussion activities or membership. 3. Full name of party filing charge (if labor organizes)	within the meaning of the Act and the Posta ise statement of the facts constituting the all through its officers, agents, and repning, and coercing employees of Con or assist labor organizations, to ther concerted activities for the purpill such activities, which rights are griminated against employee (b) (6), (b)	resentatives, has interfered with, restrained, and comprehensive Logistics, in the exercise of their bargain collectively through representatives of cose of collective bargaining or other mutual aid guaranteed in Section 7 of the said Act.
Practices are unfair practices affecting commerce 2 Basis of the Charge (set forth a clear and conci- Since on or about March 15, 2013, it, to coerced, and is interfering with, restrain rights to self-organization, to form, jointheir own choosing, and to engage in other or protection, or to refrain from any or a common activities or membership.  3. Full name of party filing charge (if labor organization) (6), (b) (7)(C)  4. Address (street and number, city, state, and Z	within the meaning of the Act and the Posta ise statement of the facts constituting the all through its officers, agents, and rep- ning, and coercing employees of Connor assist labor organizations, to the concerted activities for the purp- till such activities, which rights are go riminated against employee (b) (6), (b)	resentatives, has interfered with, restrained, and comprehensive Logistics, in the exercise of their bargain collectively through representatives of cose of collective bargaining or other mutual aid guaranteed in Section 7 of the said Act.  (1)(7)(C) by discharging in order to discourage and number)
Practices are unfair practices affecting commerce 2. Basis of the Charge (set forth a clear and concidence). Since on or about March 15, 2013, it, to coerced, and is interfering with, restrain rights to self-organization, to form, jointheir own choosing, and to engage in ot or protection, or to refrain from any or a commerce of the	within the meaning of the Act and the Posta ise statement of the facts constituting the all through its officers, agents, and rep- ning, and coercing employees of Connor assist labor organizations, to the concerted activities for the purp- till such activities, which rights are go riminated against employee (b) (6), (b)	resentatives, has interfered with, restrained, and comprehensive Logistics, in the exercise of their bargain collectively through representatives of cose of collective bargaining or other mutual aid guaranteed in Section 7 of the said Act.  (b) (7)(C) by discharging in order to discourage and number;
Practices are unfair practices affecting commerce  2. Basis of the Charge (set forth a clear and conci- Since on or about March 15, 2013, it, to coerced, and is interfering with, restrain rights to self-organization, to form, joi their own choosing, and to engage in ot or protection, or to refrain from any or a common activities or membership.  3. Full name of party filing charge (if labor organization) (6), (6), (7)(C)  4. Address (street and number, city, state, and Z.)	within the meaning of the Act and the Posta ise statement of the facts constituting the all through its officers, agents, and rep- ning, and coercing employees of Connor assist labor organizations, to the concerted activities for the purp- till such activities, which rights are go riminated against employee (b) (6), (b)	resentatives, has interfered with, restrained, and comprehensive Logistics, in the exercise of their bargain collectively through representatives of cose of collective bargaining or other mutual aid guaranteed in Section 7 of the said Act.  (1)(7)(C) by discharging in order to discourage and number)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE FUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

3-19-2013

(b) (6), (b) (7)(C)

Print Name and Title An Individual

above charge and that the statements are true to the best of

Date

mative or person making charge)

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## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

### **CHARGE AGAINST EMPLOYER**

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

08-CA-101330 3-28-13

	Director in which the alleged unfair labor practice of	
	EMPLOYER AGAINST WHOM CHARGE IS BROU	100.17
<ul> <li>a. Name of Employer</li> <li>HORSESHOE CLEVELAND MGT., LI CORPORATION</li> </ul>	.C/CAESARS ENTERTAINMENT	b. Tel. No. (216)297-47777 c. Cell No.
d. Address (street, city, state ZIP code)	e. Employer Representative MARCUS GLOVER.	f, Fax No.
100 PUBLIC SQUARE, CLEVELAND, OH 44113	GENERAL MANAGER	g. e-Mail
		h. Dispute Location (City and State) Cleveland, OH
<ul> <li>Type of Establishment (factory, nursing home, hotel)</li> </ul>	J. Principal Product or Service	k. Number of workers at dispute location
entertainment	casino	approx. 1,000+
	above-named Employer discriminated	against employee (b) (6), (b) (7)(C) by
On or about (b) (6), (b) (7)(C) 2012, the terminating employment because of 3. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C)	above-named Employer discriminated inion and/or protected concerted activition, give full name, including local name and number	against employee (b) (6), (b) (7)(C) by vities.
On or about (b) (6), (b) (7)(C) 2012, the terminating employment because of a Full name of party filing charge (if labor organize	above-named Employer discriminated inion and/or protected concerted activition, give full name, including local name and number	against employee (b) (6), (b) (7)(C) by vities.  Der)  4b. Tel. No. 4c. Cell No.
On or about (b) (6), (b) (7)(C) 2012, the terminating employment because of (b) (6), (b) (7)(C) 2012, the terminating employment because of (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Zi	above-named Employer discriminated inion and/or protected concerted activition, give full name, including local name and number	against employee (b) (6), (b) (7)(C) by vities.  Der)  4b. Tel. No.
On or about (b) (6), (b) (7)(C) 2012, the terminating employment because of (b) (6), (b) (7)(C) 2012, the terminating employment because of (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Zi	above-named Employer discriminated inion and/or protected concerted activition, give full name, including local name and number	d activities.  against employee (b) (6), (b) (7)(C) by vities.  Der)  4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)
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On or about (b) (6), (b) (7)(C) 2012, the terminating employment because of (b) (6), (b) (7)(C)  3. Full name of party filing charge (if labor organization)  4a. Address (street and number, city, state, and Zity) (b) (6), (b) (7)(C)  5. Full name of national or international labor organization)  6. DECLARATION  1 declare that I have same the above city	above-named Employer discriminated above-named Employer discriminated inion and/or protected concerted activation, give full name, including local name and number code)	d activities.  against employee (b) (6), (b) (7)(C) by vities.  Der)  4b. Tel. No. 4c Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail to be filled in when charge is filed by a labor  Tel. No.
On or about (b) (6), (b) (7)(C) 2012, the terminating employment because of (b) (6), (b) (7)(C) 2012, the terminating employment because of (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Z(b) (6), (b) (7)(C)  5. Full name of national or international labor organization)  6. DECLARATION (C) (C) (C) (C) (D) (C) (D) (C) (C) (D) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	above-named Employer discriminated above-named Employer discriminated inion and/or protected concerted activation, give full name, including local name and number code)  P code)  Inization of which it is an affiliate or constituent unit (and that the statements are true to the best of (b) (6), (b) (7)(C) An Individual	d activities.  against employee (b) (6), (b) (7)(C) by vities.  Der)  4b. Tel. No. 4c Cell No. (b) (6), (b) (7)(C)  4d. Fax No. 4e. e-Mail to be filled in when charge is filed by a labor
On or about (b) (6), (b) (7)(C) 2012, the terminating employment because of (b) (6), (b) (7)(C) 2012, the terminating employment because of (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZI (b) (6), (b) (7)(C)  5. Full name of national or international labor organization)  6. DECLARATION I declare that I have not the above clary knowledge and but for	above-named Employer discriminated above-named Employer discriminated inion and/or protected concerted activation, give full name, including local name and number code)  P code)  Inization of which it is an affiliate or constituent unit (and that the statements are true to the best of (b) (6), (b) (7)(C) An Individual	d activities.  against employee (b) (6), (b) (7)(C) by vities.  Der)  4b. Tel. No. 4c Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail to be filled in when charge is filed by a labor  Tel. No.  Office, if any, Cell No.

### WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE II	N THIS SPACE
Case	Date Filed
08-CA-101332	3-28-13

TATE OF A POST OF THE PROPERTY	EMPLOYER AGAINST WHOM CHARGE IS BROU	
Name of Employer HORSESHOE CLEVELAND MGT., LI	LC/CAESARS ENTERTAINMENT	b. Tel. No. (216)297-47777
CORPORATION		c Cell No.
Address (street, city, state ZIP code)	e. Employer Representative MARCUS GLOVER,	f. Fax No.
100 PUBLIC SQUARE, CLEVELAND, OH 44113	GENERAL MANAGER	g. e-Mail
		h. Dispute Location (City and State) Cleveland, OH
. Type of Establishment (factory, nursing home, notel)	j. Principal Product or Service	k. Number of workers at dispute location
entertainment	casino	approx. 1,000+
	amed Employer threatened to discharge emplo	ovees in retaliation for their protected
On or about mid Octobe 2012, the above-na	amed Employer unlawfully solicited complain	nts and grievances from employees.
On or about mid October 2012, the above-nation or about mid October 2012, the above-nations and conditions of employment.		its and grievances from employees.
On or about mid October 2012, the above-naterms and conditions of employment.  3. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C)	amed Employer by-passed the Union and deal	nts and grievances from employees.  It directly with its employees about their
On or about mid Octobe 2012, the above-nation or about mid Octobe 2012, the above-nations and conditions of employment.  Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C)  Address (street and number, city, state, and Zing)	amed Employer by-passed the Union and deal	its and grievances from employees. It directly with its employees about their
On or about mid October 2012, the above-nation or about mid October 2012, the above-nations and conditions of employment.  3. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C)	amed Employer by-passed the Union and deal	ats and grievances from employees.  It directly with its employees about their  ber)  4b. Tel. No.  4c. Cell No.  (b) (6), (b) (7)(C)
On or about mid Octobe 2012, the above-nation or about mid Octobe 2012, the above-nations and conditions of employment.  S. Full name of party filing charge (if labor organization), (b) (6), (b) (7)(C)	amed Employer by-passed the Union and deal	ats and grievances from employees.  It directly with its employees about their  ber)  4b. Tel. No.  4c. Cell No.  (b) (6), (b) (7)(C)  4d. Fax No.
On or about mid October 2012, the above-nations and conditions of employment.  3. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C)  14. Address (street and number, city, state, and Z (b) (6), (b) (7)(C)	amed Employer by-passed the Union and deal	ats and grievances from employees.  It directly with its employees about their  ber)  4b. Tel. No.  4c. Cell No.  (b) (6), (b) (7)(C)  4d. Fax No.  4e. e-Mail
On or about mid Octobe 2012, the above-national above-nations of employment.  Full name of party filing charge (if labor organization)  Address (street and number, city, state, and Z (b) (6), (b) (7)(C)  Full name of national or international labor organization)	amed Employer by-passed the Union and deal ation, give full name, including local name and number (P code)	thats and grievances from employees.  It directly with its employees about their  ber)  4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)  4d. Fax No. 4e. e-Mail  to be filled in when charge is filed by a labor
On or about mid October 2012, the above-nations and conditions of employment.  B. Full name of party filing charge (if labor organization)  a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C)  b. Full name of national or international labor organization)	amed Employer by-passed the Union and deal ation, give full name, including local name and number (P code)	ats and grievances from employees.  It directly with its employees about their  ber)  4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)  4d. Fax No. 4e. e-Mail
On or about mid Octobe 2012, the above-national above-nations of employment.  Full name of party filing charge (if labor organization)  Full name of party filing charge (if labor organization)  Full name of national or international labor organization)	amed Employer by-passed the Union and deal ation, give full name, including local name and number (P code)  nization of which it is an affiliate or constituent unit (	ats and grievances from employees.  It directly with its employees about their  ber)  4b. Tel. No.  4c. Cell No.  (b) (6), (b) (7)(C)  4d. Fax No.  4e. e-Mail  to be filled in when charge is filed by a labor  Tel. No.  Office, if any, Cell No.
On or about mid October 2012, the above-national conditions of employment.  B. Full name of party filing charge (if labor organization)  B. Full name of national or international labor organization)  DECLARATION I declare that I have read the above charge a my knowledge and beltef.  (b) (6), (b) (7)(C)  By:	amed Employer by-passed the Union and deal ation, give full name, including local name and number (P code)	ats and grievances from employees.  It directly with its employees about their  ber)  4b. Tel. No. 4c Cell No. (b) (6), (b) (7)(C)  4d. Fax No. 4e. e-Mail to be filled in when charge is filed by a labor  Tel. No.
On or about mid Octobe 2012, the above-national abort organization)  Full name of party filing charge (if labor organization)  Full name of national or international labor organization)  Full name of national or international labor organization	amed Employer by-passed the Union and deal ation, give full name, including local name and number (P code)  IP code)  Inization of which it is an affiliate or constituent unit (  Ind that the statements are true to the best of  (b) (6), (b) (7)(C) An Individual  Print Name and Title	ats and grievances from employees.  It directly with its employees about their  ber)  4b. Tel. No. 4c. Cell No. (b) (6). (b) (7)(C)  4d. Fax No. 4e. e-Mail to be filled in when charge is filed by a labor  Tel. No.  Office, if any, Cell No. (b) (6), (b) (7)(C)  Fax No.
on or about mid October 012, the above-nation of about mid October 012, the above-nations and conditions of employment.  Full name of party filing charge (if labor organization)  Full name of national number, city, state, and Z (b) (6), (b) (7) (C)  Full name of national or international labor organization)  DECLARATION I declare that I have read the above charge a my knowledge and belief.  (b) (6), (b) (7) (C)  By:	amed Employer by-passed the Union and deal ation, give full name, including local name and number (P code)  nization of which it is an affiliate or constituent unit (and that the statements are true to the best of (b) (6), (b) (7)(C) An Individual	ats and grievances from employees.  It directly with its employees about their  ber)  4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)  4d. Fax No. 4e. e-Mail to be filled in when charge is filed by a labor  Tel. No.  Office, if any, Cell No. (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U.S.C. 3512

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM	EXEMPT UNDER 44 U.S.C. 3512
DO NOT WRITE	IN THIS SPACE
08-CA-101349	Date Filed 3/28/13

### INSTRUCTIONS

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST	WHOM CHARGE IS BROUGHT	
a. Name of Employer	THE WATER OF THE PROPERTY OF T	b. Number of workers employed
West Toledo Healthcare and Rehabilitation		35
c. Address (street, city, state, ZIP code) 4645 Lewis Ave. Toledo, OH 43612	d. Employer Representative Sharon Reynolds	e. Telephone No. 937-657-3034 cell
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or ser	rvice
Nursing Home	Nursing Care	
<ul> <li>h. The above-named employer has engaged in and is engaging in un (a)(5) of the National Labor Relations Act, and these unfair labo Act.</li> </ul>	fair labor practices within the meaning r practices are unfair practices affecti	ng commerce within the meaning of the
2. Basis of the Charge (set forth a clear and concise statement of the control of	sentative, (b) (6), (b) (7)(C)	did violated the Act, by
The corperate office address: West Toledo Healthcare and Rehabilitation 5310 Killdeer Court Orient, OH 43146		RECEIVED NLRB REGION 8 7013 MAR 28 A 9: 45 CLEVELAND, OHIO
By the above and other acts, the above-named employer has interfered guaranteed in Section 7 of the Act  3. Full name of party filing charge (if labor organization, give full name)		oyees in the exercise of the rights
Service Employees International Union, District		
4a. Address (street and number, city, state, and ZIP code)		4b. Telephone No.
435 S. Hawley St.		(419) 450-7175 cel
Toledo, OH 43609	<u> </u>	
<ol> <li>Full name of national or international labor organization of which it is by a labor organization)</li> <li>Service Employees International Union District 1.</li> </ol>	the state of the s	filled in when charge is filed
	ECLARATION he statements are true to the best of	ministrative Organizer if any)  3-25-13 (date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
RC/rc

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLR8-501 (2-06)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
08-CA-101631	4/1/13

NSTRUCTIONS:		08-CA-1016	
Tile an original with NLRB Regional Director for the region in which the	e alleged unfair labor practic	e occurred or is occurri	ng.
1 EMPLOYER A	GAINST WHOM CHAR	GE IS BROUGHT	
a. Name of Employer			b Tel. No. 440-960-3128
Mercy Regional Health Center			1,00000120
Morey Regional Realth Server			c. Cell No.
			1. Fax No. 440 050 4520
d. Address (Street, city, state, and ZIP code)	e. Employer Representa	tive	- 1. Fax No. 440-960-4629
3700 Kolbe Rd	Jennifer Angle, Mar		g. e-Mail
Lorain, Ohio 44053		•	}
2012111, 01110 11000			Jennifer.Angle@health-partne
			h Number of workers employed
			500+
i. Type of Establishment (factory, mine, wholesaler, etc.)	j Identify principal produ	at or service	
Hospital	Medical care		
k. The above-named employer has engaged in and is engaging	in unfair labor practices wit	hin the meaning of con	tion 9(a) subsections (1) and (list
	in umair labor practices wit	inii) the meaning of sec	ction b(a), subsections (1) and (list
subsections) (5)		of the National Lab	or Relations Act, and these unfair labor
practices are practices affecting commerce within the meaning	g of the Act, or these unfair	r labor practices are un	fair practices affecting commerce
within the meaning of the Act and the Postal Reorganization A			·
2. Basis of the Charge (set forth a clear and concise statement of	of the feets constituting the	alloand unfair labor as	action al
	_		· · · · · · · · · · · · · · · · · · ·
On or about January 9 and ongoing since that date	the employer has uni	laterally changed	working conditions and
standards without bargaining with the Union; further	r the employer has int	terfered with, restr.	ained, or coerced employees in
the exercise of the rights guaranteed in section 7 se	ection 157 of the NLR	A by disciplining e	mplovees and issuing
threatening communications to them regarding their			p.:0,010
threatening communications to them regarding them	productivity.		
			:
3 Full name of party filing charge (if labor organization, give full SEIU DISTRICT 1199 WW/KY/OH, THE HEALTH C	name, including local nam	e and number)	
SEIU DISTRICT 1199 WV/KY/OH, THE HEALTH O	CARE AND SOCIAL S	SERVICE UNION	
4a Address (Street and number, city, state, and ZIP code)			<sup>4b. Tel. No.</sup> 614-461-1199
			614-461-1199
1395 DUBLIN ROAD	Li .	7	4c. Cell No. 044 202 2240
COLUMBUS OH 43215	2 ہے	\ \( \gamma \)	614-302-8310
	<b>~</b> ♥ <i>I</i> II	~ Q > 1	4d. Fax No. 614-461-1549
	$\mathcal{O}$	1 20	014-401-1349
	$\mathcal{L}_{\bar{\mathcal{U}}}$	\$ ≥ 'E	4e. e-Mail
	T.	₹ lý /	gdavies@seiu1199.org
	<del></del>		
5. Full name of national or international labor organization of wh		tituent unit (to be <sup>s</sup> filled	in when charge is filed by a labor
organization) SERVICE EMPLOYEES INTERNATION	VAL UNION		
6 DECLARATION			Tel No
I declare that I have read the above charge and that the statements	are true to the best of my kno	owledge and belief.	614-461-1199
			Office if any Call No.
Geol	ffrey Davies,Administi	rative Organizer	Office, if any, Cell No.
			614-302-8310
(	Printfype name and title or off.	ке, п апуј	Fax No. 614-461-1549
		3/20/43	e-Mail
1395 DUBLIN ROAD, COLUMBUS OH 4315		3/29/13	GDAVIES@\$EIU1199.ORG
Address		(dale)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

97%

P.02

INTERNET FORM NLRB-501 (2-08)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

	FORM EXEMPT UNDER 44 U S C 8512
DO NOT WRITE IN THIS SPACE	
Cese 8-CA-102141	Date Filed April 5, 2013

NSTRUCTIONS: ile an original with NLRB Regional Director for the region in which	the alleged unfair labor practice occurred or is occu	rring.
	AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Tel. No 419-727-6010
Nova Services, Inc.		c Cell No.
		C. Garrio.
	e. Employer Representative	f. Fax No 419-727-6020
d. Address (Street, city, state, and ZIP code) 3028 N. Summit Street	Erik G. Chappell, Esq.	g. e-Mail
Toledo, OH 43611-3342		
		h. Number of workers employed 25
i. Type of Establishment (factory, mine, wholesaler, etc.) metal fabrication	J. Identify principal product or service shipping racks	
k. The above-named employer has engaged in and is engagir	ng in unfair labor practices within the meaning of s	ection 8(a), subsections (1) and (list
subsections) (3)	of the National Le	abor Relations Act, and these unfair labor
practices are practices affecting commerce within the mean within the meaning of the Act and the Postal Reorganization		unfair practices affecting commerce
Basis of the Charge (set forth a clear and concise statement		oractices)
Ob as about (b) (6), (b) (7)(C) 2012 (b) (6), (b) (7)(C)	laid off from amplayment with Nova in re	staliation for having anagged in
protected, concerted activity. Since layoff, the	Employer has hired other persons to di	o work for which bits 176 gualified
protected, concerted activity. Since layon, the	Remployer has fired offer persons to di	o work for which
and the Employer refuses to recall because	e of participate in activity that is prote	ected under the Act.
<ol> <li>Full name of party filing charge (If labor organization, give I Iron Workers Local Union No. 55</li> </ol>	ull name, including local name and number)	
non Workers Eduar Officia No. 35		
4a. Address (Street and number, city, state, and ZIP code)		
1080 Atlantic Ave	RECEIVED	4b. Tel. No 419-385-8813
Toledo, OH 43609		419-303-6613
	APR - E 2010	4b. Tel. No 419-385-6813 4c Cell No.
	APR - 5 2013	4c Cell No.
	APR - 5 2013	419-303-6613
	APR - 5 2013	4c Cell No.  4d. Fax No. 419-385-6041
5. Full name of national or international labor organization of	APR - 5 2013 NLRB REGION 8	4c Cell No.  4d. Fax No. 419-385-6041  4e e-Mall
	APR - 5 2013 NLRB REGION 8 which it is an attitlate or constituent unit to be iller	4c Cell No.  4c Cell No.  4d. Fax No. 419-385-6041  4e e-Mall  d in when charge is filed by a labor
LIBELLERGE	APR - 5 2013 NLRB REGION 8	4c Cell No.  4d. Fax No. 419-385-6041  4e e-Mall  d in when charge is filed by a labor onworkers
LIBLEDERCH	APR - 5 2013 NLRB REGION 8 which it is an affiliate or constituent unit (to be filled ructural, Ornamental and Reinforcing Iron	4c Cell No.  4c Cell No.  4d. Fax No. 419-385-6041  4e e-Mall  d in when charge is filed by a labor
International Association of Bridge, St  6. DECLARATIO  I declare that I have read the above charge and that the statement	APR - 5 2013 NLRB REGION 8 which it is an affiliate or constituent unit (to be filled ructural, Ornamental and Reinforcing Iron	4c Cell No.  4d. Fax No. 419-385-6041  4e e-Mall  d In when charge is filled by a labor priworkers  Tel. No.
International Association of Bridge, St  6. DECLARATIO  I declare that I have read the above charge and that the statement	APR - 5 2013 NLRB REGION 8 which it is an affiliate or constituent unit (to be filled ructural, Ornamental and Reinforcing Iron N ts are true to the best of my knowledge and belief.	4c Cell No.  4d. Fax No. 419-385-6041  4e e-Mall  d in when charge is filed by a labor onworkers  Tel. No. 419-385-6813
I declare that I have read the above charge and that the statements	APR - 5 2013 NLRB REGION 8  which it is an affiliate or constituent unit (to be filled ructural, Ornamental and Reinforcing Iron is are true to the best of my knowledge and belief.  seph Blaze, III Business Mgr (Print/type name and title or office, if any)	4c Cell No.  4d. Fax No. 419-385-6041  4e e-Mall  d In when charge is filed by a labor onworkers  Tel. No. 419-385-6813  Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 16, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

96%

INTERNET FORM NLRB-50\* (2-05)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
08-CA-102238	4/8/13	
and the same of th		

NSTRUCTIONS:	08-CA-1022	
ile an original with NLRB Regional Director for the region in which 1. EMPLOYER	AGAINST WHOM CHARGE IS BROUGHT	rring.
s. Name of Employer		b. Tel No 330-399-8997
Washington Square		c. Cell No.
		f. Fex No 330-393-5889
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	1 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
202 Washington St.	Theresa Bartlett	g. e-Mall
Warren,Ohio 44483		administrator@washingtonsc
		h. Number of workers employed
. Type of Establishment (factory, mine, wholesaler, etc.) Nursing Home	j. Identify principal product or service Nursing Home	· 1
k. The above-named employer has engaged in and is engaging subsections) 8a1,3, 5		
practices are practices affecting commerce within the mea	ning of the Act, or these unfeir labor practices are	abor Relations Act, and these unfair lebor unfair practices affecting commerce
within the meaning of the Act and the Postal Reorganization		
<ol><li>Basis of the Charge (set forth a clear and concise stateme</li></ol>	에게 하나 아니는 아니는 나가 이렇게 되었다. 아버지는 어머니는 아버지가 있다면 어떻게 되었다.	(PA / EX / PA
On or about April8, 2013 the Employer through	ts agents retaliated against a bargaining	unit employee for Union
activity.		
		A \
		RECEIVED \
		APR - 8 2013
		NLRB /
		RECION 8
<ol> <li>Full name of party fling charge (if labor organization, give Service Employees International Union District 1</li> </ol>	nul name, including local name and number) 199	
4s. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 330-759-3751
3657 Belmont Ave.		4c. Cell No. 330-651-2104
Youngstown, Ohio 44505		4d. Fax No. 330-759-4453
		4e. e-Mall
		pcallaham@seiu1199.org
5 Full name of national or international labor organization of organization) Service Employees International Unio		ed in when charge is filed by a labor.
I declare that I have read the above charge and that the statemen		Tel. No. 330-759-3751
	am Callaham Administrative Organizer	Office, if any, Cell No. 330-651-2104
(signature of representative or person making charge)	(Printrype name and title or office, if any)	Fax No. 330-759-4453
3657 Belmont Ave Youngstown, Ohio 4450	4-8-2013	e-Mail pcallaham@seiu1199.om

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

08-CA-102387 4/10/13

	EMPLOYER AGAINST WHOM CHARGE IS BROUG	
<ul> <li>a. Name of Employer</li> <li>WYMAN GORDON FORGINGS CLE\</li> </ul>	/ELAND INC.	b. Tel. No. (216)341-0085
		c. Cell No.
d Address (street, city, state ZIP code)	e. Employer Representative	f Fax No.
3097 E 61ST ST, CLEVELAND, OH 44127-1312	x mike storius	g. e-Mail
	Storius	h. Dispute Location (City and State) CLEVELAND, OH
Type of Establishment (factory, nursing home, hotel)	j Principal Product or Service	k Number of workers at dispute location 70
FACTORY:	DYE FORGING	
employee, <sup>(b) (6), (b) (7)(C)</sup> by failing to ac designating <sup>(b) (6), (b) (7)(C)</sup> for layoff instead	e Employer, by its officers, agents and re there to the seniority provisions of the of of less-senior employees because of	collective bargaining agreement and be membership in and activities on behalf of
employee, (b) (6), (b) (7)(c) by failing to ac designating (b) (6), (b) (7)(c) for layoff instead the International Brotherhood of Boilern organization, and / or because of (b) organization.  3. Full name of party filing charge (if labor organization)	there to the seniority provisions of the of the of less-senior employees because of the onakers, Iron Ship Builders, Blacksmiths, F	collective bargaining agreement and be membership in and activities on behalf of orgers and Helpers, Local 1086, a laborate and the contract of the contract o
employee, (b) (6), (b) (7)(c) by failing to ac designating (b) (6), (b) (7)(c) for layoff instead the International Brotherhood of Boilern organization, and / or because of (b) (6), (b) (7)(c) by failing to accompanize (b) (6), (b) (7)(c)	there to the seniority provisions of the of less-senior employees because of makers, Iron Ship Builders, Blacksmiths, Fotected and / or concerted activities.	collective bargaining agreement and be membership in and activities on behalf of orgers and Helpers, Local 1086, a laborary
employee, (b) (6), (b) (7)(c) by failing to ac designating (b) (6), (b) (7)(c) for layoff instead the International Brotherhood of Boilern organization, and / or because of party filing charge (if labor organization, (b) (6), (b) (7)(c)	there to the seniority provisions of the of less-senior employees because of makers, Iron Ship Builders, Blacksmiths, Fotected and / or concerted activities.	collective bargaining agreement and be membership in and activities on behalf of orgers and Helpers, Local 1086, a laborary and the series of
employee, (b) (6), (b) (7)(c) by failing to ac designating (b) (6), (b) (7)(c) for layoff instead the International Brotherhood of Boilern organization, and / or because of (b) (6), (b) (7)(c)  3. Full name of party filing charge (if labor organization), (b) (6), (b) (7)(c)	there to the seniority provisions of the of less-senior employees because of makers, Iron Ship Builders, Blacksmiths, Fotected and / or concerted activities.	collective bargaining agreement and be membership in and activities on behalf corgers and Helpers, Local 1086, a laborary and the series of th
employee, (b) (6), (b) (7)(c) by failing to ac designating (b) (6), (b) (7)(c) for layoff instead the International Brotherhood of Boilern organization, and / or because of (b) (6), (b) (7)(c)  3. Full name of party filing charge (if labor organization), (b) (7)(c)  4. Address (street and number, city, state, and Z	there to the seniority provisions of the of less-senior employees because of makers, Iron Ship Builders, Blacksmiths, Fotected and / or concerted activities.	collective bargaining agreement and be membership in and activities on behalf of orgers and Helpers, Local 1086, a laborary and the series of
employee, (b) (6), (b) (7)(c) by failing to ac designating to act the International Brotherhood of Boilern organization, and / or because of (b) (6), (b) (7)(C)  3. Full name of party filing charge (if labor organization), (b) (6), (b) (7)(C)  4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C)	there to the seniority provisions of the of less-senior employees because of makers, Iron Ship Builders, Blacksmiths, Fotected and / or concerted activities.	collective bargaining agreement and be membership in and activities on behalf corgers and Helpers, Local 1086, a laborater)  4b. Tel. No.  (b) (6), (b) (7)(C)  4c. Cell No.  4d. Fax No.  4e. e-Mail
employee, (b) (6), (b) (7)(C) by failing to access designating (b) (6), (b) (7)(C) for layoff instead the International Brotherhood of Boilern organization, and / or because of process.  3. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C)  4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C)  5. Full name of national or international labor organization)  6. DECLARATION I declare that I have read the above charge a my knowledge and belief.	there to the seniority provisions of the of less-senior employees because of hakers, Iron Ship Builders, Blacksmiths, Fotected and / or concerted activities.  Selected and for concerted activities.	collective bargaining agreement and be membership in and activities on behalf of orgers and Helpers, Local 1086, a laborary and Helpers, L
employee, (b) (6), (b) (7)(c) by failing to access designating (b) (6), (b) (7)(c) for layoff instead the International Brotherhood of Boilern organization, and / or because of (b) (a), (b) (7)(c)  3. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(c)  4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(c)  5. Full name of national or international labor organization)  6. DECLARATION   declare that I have read the above charge amy knowledge and belief.	there to the seniority provisions of the confless-senior employees because of hakers, Iron Ship Builders, Blacksmiths, Fotected and / or concerted activities.  In ation, give full name, including local name and number (in a second provided provid	collective bargaining agreement and be membership in and activities on behalf of orgers and Helpers, Local 1086, a laborary and Helpers, L
employee, (b) (6), (b) (7)(c) by failing to ac designating (b) (6), (b) (7)(c) for layoff instead the International Brotherhood of Boilern organization, and / or because of (b) (a), (b) (7)(c)  3. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(c)  4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(c)  5. Full name of national or international labor organization)  6. DECLARATION  I declare that I have read the above charge a	there to the seniority provisions of the confless-senior employees because of hakers, Iron Ship Builders, Blacksmiths, Fotected and / or concerted activities.  In ation, give full name, including local name and number (in a second provided provid	collective bargaining agreement and be membership in and activities on behalf of orgers and Helpers, Local 1086, a laborary and Helpers, L

### WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Case Date Filed 08-CA-102973 4-17-13

RB .

	EMPLOYER AGAINST WHOM CHARGE IS BROUG	
Name of Employer FEDERAL METAL		b. Tel. No. (440)232-8700
-04		c. Cell No.
d. Address (street, city, state ZIP code) 7250 DIVISION ST, BEDFORD, OH	e. Employer Representative OH LEO PINKARD, Vice President	f. Fax No.
44146-5406	CHARLES MATTHEWS, Supervisor	g. e-Mail
		h. Dispute Location (City and State)  Bedford, OH
Type of Establishment (factory, nursing home, notel)	j. Principal Product or Service	k. Number of workers at dispute location 56
FOUNDRY	METAL FOUNDRY	
b) (6), (b) (7)(C) because of (b) (6), (b) activity	ployer, by its officers, agents and repres ies on behalf of Teamsters Local 507, a the National Labor Relations Board.	entatives, terminated its employee labor organization and because
b) (6), (b) (7)(C) because of activition and unfair labor practice charge with second	ties on behalf of Teamsters Local 507, a the National Labor Relations Board.  ation, give full name, including local name and number	labor organization and because
b) (6), (b) (7)(C) because of activition in the property of th	ties on behalf of Teamsters Local 507, a the National Labor Relations Board.  ation, give full name, including local name and number	abor organization and because  ar)  4b Tel No (b) (6), (b) (7)(C)  4c. Cell No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) because of activiting the state of	ties on behalf of Teamsters Local 507, a the National Labor Relations Board.  ation, give full name, including local name and number (IP code)	abor organization and because  4b. Tel. No. (b) (6), (b) (7)(C)  4c. Cell No. (b) (6), (b) (7)(C)  4d. Fax No. 4e. e-Mail
b) (6), (b) (7)(C) because of activition of the properties of the	the National Labor Relations Board.  ation, give full name, including local name and number (IP code)  nization of which it is an affiliate or constituent unit (In that the statements are true to the best of (b) (6), (b) (7)(C)	abor organization and because  4b Tel No (b) (6), (b) (7)(C)  4c. Cell No. (b) (6), (b) (7)(C)  4d. Fax No.  4e. e-Mail o be filled in when charge is filed by a labor  Tel. No. (b) (6), (b) (7)(C)  Office, if any, Cell No.
(b) (6), (b) (7)(C) because of activition activition and activition and activition and activition are dependently active charge with a second and activition are dependently active and active and active and active active and active ac	the National Labor Relations Board.  ation, give full name, including local name and number (IP code)  Inization of which it is an affiliate or constituent unit (In that the statements are true to the best of (b) (6), (b) (7)(C)  An Individual	abor organization and because  4b Tel No (b) (6), (b) (7)(C)  4c. Cell No. (b) (6), (b) (7)(C)  4d. Fax No.  4e. e-Mail o be filled in when charge is filed by a labor  Tel. No. (b) (6), (b) (7)(C)  Office, if any, Cell No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) because of activition and activition and activition and activition and activition and activition and activity activity.  3. Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)  4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C)  5. Full name of national or international labor organization)  6. DECLARATION  I declare that I have read the above charge amy knowledge and belief.	the National Labor Relations Board.  ation, give full name, including local name and number (IP code)  Inization of which it is an affiliate or constituent unit (In that the statements are true to the best of (b) (6), (b) (7)(C)  An Individual	abor organization and because  4b. Tel. No. (b) (6), (b) (7)(C)  4c. Cell No. (b) (6), (b) (7)(C)  4d. Fax No. 4e. e-Mail o be filled in when charge is filed by a labor  Tel. No. (b) (6), (b) (7)(C)  Office, if any, Cell No. (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U S C. § 151 et seq-The pracipal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routineuses for the information are fully assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings of infigation. The following set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Discingure of the information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. INTERNET FORM NURB-501 (2-08)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	TONIN EXEMPT GROCK 44 0 3 C 3312	
DO NOT WRIT	E IN THIS SPACE	
Case 08-CA-102974	Date Filed 4/16/13	

INSTRUCTIONS:

Name of Employer Mercury Air Center Hopkins, LLC  Address (Street, city, state, and ZIP code) 200 Riverside Orive Sleveland, Ohio 44135-3118	e. Employer Representative Chuck Buckland	b Tel. No. 216.362 1500 c. Cell No. f Fax No. 216 267.7762 g. e-Mail
Address (Street, city, state, and ZIP code) 200 Riverside Drive		c. Cell No. f Fax No. 216 267.7762
200 Riverside Drive		f Fax No. 216 267.7762
200 Riverside Drive		
200 Riverside Drive		
	Chack Dackaria	
		g. Garage
		h Number of workers employed
	2	5
Type of Establishment (factory, mine, wholesaler, etc.)	j Identify principal product or service	
ir Ground Support Company	Maintenance and Support Services	
The above-named employer has engaged in and is engage	ging in unfair labor practices within the meaning of s	section 8(a), subsections (1) and (list
subsections) B(a)(3)		abor Relations Act, and these unfair labor
practices are practices affecting commerce within the me within the meaning of the Act and the Postal Reorganizat		unfair practices affecting commerce
Basis of the Charge (set forth a clear and concise statem		proclima l
	요. 보다 보다 많은 이 경우 다양이 된다면 하는 사람이 하는 것 같아. 그렇게 하는 데 얼마나 없다고 있다.	The first control of the control of
he above-named Employer has interfered with	이 그는 이 아니라 아이는 아이는 아이를 가고 있는데 아이들이 아니다. 그렇게 되었다. 그는 아이들이 아이들이 아니다.	선생님이 어려면 이게 열심하다면 주었다면 여러면서 이번 사람이 되었다면 먹었다. 생각이 얼마나 목다리
gainst its employees because of their union me		ed activity. Specifically, the
mployer has discriminated against union mem	ber(b) (6), (b) (7)(C) by imp	posing more severe discipline on
(Barkettan Tarina) (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		sooning more extend discipline of
than on other similarly situated non-union er	nployees.	
Full name of narty films charge (if labor organization give	a full name including local name and number	- Mile Williams
Full name of party filing charge (if labor organization, give earnsters Local Union No 507	tall harte, including local harte and homber)	
Address (Street and number, city, state, and ZIP code)	RECION 8	4b Tel. No. 216.328.0111
25 Warner Rd , Unit 7	RECEIVED	4c. Cell No.
eveland, Ohio 44125	inp 1 6 2013	140. 05.1110.
	VILAB .	4d. Fax No. 216 328,5655
	OF JON 8	4e. e-Mail
	HE	46.6-14.61
Full name of national or international labor organization of	funktion due on affiliate no appelliquest and the tre fille	distribution of the state of th
		d in when charge is filed by a labor
International Brotherhood of Teamst	ers	
international properties of founds		Tel. No.
	ON	I Cl. 144.
DECLARATE  declare that I have read the above charge and that the statement		216 781 3600
6. DECLARATI		216 781 3600
6. DECLARATI		216 781 3600 Office, if any, Cell No
6. DECLARATI	ents are true to the best of my knowledge and belief.	216 781 3600 Office, if any, Cell No
6. DECLARATION of the declare that I have read the above charge and that the statement of t	nis are true to the best of my knowledge and belief.  nion Attorney	216 781 3600
6. DECLARATION of the declare that I have read the above charge and that the statement of t	nion Attorney  (Prinktype name and title or office, if any)	216 781 3600 Office, if any, Cell No
6. DECLARATI	ents are true to the best of my knowledge and belief.	216 781 3600

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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94%

INTERNET FORM NLRB-501 (2-08)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
08-CA-103938	4/29/13	

INSTRUCTIONS:

RECEIVED 08-CA-103938

ile an original with NLRB Regional Director for the region in which	The alleged unfair labor practice occurred or is occu ASAINST WHOM CHARGE IS BROUGHT	rring.
a. Name of Employer	AGAINST WHOM CHARGE IS BROOGHT	b. Tel. No. 440-835-8061
U. S. Postal Service 2013 APR 2	9 A 9 11	
		c. Cell No.
	AND. CHA	f. Fax No.
d. Address (Street, city, state, and ZIP code) 2730 Center Ridge Road	e. Employer Representative  Ms. Fran Griffith, Manager	g. e-Mail
Westlake, OH 44145	Mr. Matt Imwalle, Supervisor	g. C-Mail
		h. Number of workers employed 75
i. Type of Establishment (factory, mine, wholesaler, etc.) Delivery Services	j. Identify principal product or service Delivery of mail	
k. The above-named employer has engaged in and is engaging subsections)  practices are practices affecting commerce within the mean within the meaning of the Act and the Postal Reorganization.	of the National L ning of the Act, or these unfair labor practices are	abor Relations Act, and these unfair labor
I receive has only gotten worst! I have received in rude! I fear for my job!  3. Full name of party filing charge (if labor organization, give to b) (6), (b) (7)(C)		
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		4c. Cell No. (b) (6), (b) (7)(C)
		4d. Fax No.
		4e. e-Mail
		(b) (6), (b) (7)(C)
Full name of national or international labor organization of organization)     NALC (National Association of Letter	" [2] [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	ed in when charge is filed by a labor
6. DECLARATIO		Tel. No. (b) (6), (b) (7)(C)
8)	(6), (b) (7)(C)	Office, if any, Cell No. (b) (6), (b) (7)(C)
(signature of representative or person making charge)	(Print/type name and title or office, if any)	
	(i mistype name and about since, it diff)	Fax No.
(b) (6), (b) (7)(C)	3-29-2013	Fax No.  e-Mail (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
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UNITED STATES OF AMERICA

NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER RECEIVED APR 3 0 2013 NLRB REGION R

DO NOT WRITE IN THIS SPACE
Case Date Filed

INSTRUCTIONS:

08-CA-104008

April 30, 2013

a. Name of Employer		CUT
Specialty Hospital of Cleveland d/b/a	EMPLOYER AGAINST WHOM CHARGE IS BROU EMPLOYER AGAINST WHOM CHARGE IS BROU Kindred Hospital of Cleveland	b. Tel. No. (216)231-2091 c. Cell No.
d. Address (street, city, state ZIP code) 11900 Fairhill Road, Cleveland, OH	e. Employer Representative Gretchen Adu-Gyamfi	f. Fax No.
44120		h. Dispute Location (City and State) Cleveland, OH
i. Type of Establishment (factory, nursing home, hotel) Hospital	j. Principal Product or Service Patient Care	k. Number of workers at dispute location
practices are unfair practices affecting commerce 2. Basis of the Charge (set forth a clear and conci		anization Act.  fair labor practices)  ents and representatives, terminated
	h above and by other acts and conduct	, it, by its officers, agents, and
employees in the exercise of their rig	restrained, and coerced and is interferights guaranteed in Section 7 of the said	ng with, restraining, and coercing its
employees in the exercise of their rig	restrained, and coerced and is interferi	ng with, restraining, and coercing its
employees in the exercise of their rig 3. Full name of party filing charge (if labor organization)	restrained, and coerced and is interfering this guaranteed in Section 7 of the said ation, give full name, including local name and number of the said ation.	ng with, restraining, and coercing its d Act. ber)  4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)  4d. Fax No.
employees in the exercise of their rig 3. Full name of party filing charge (if labor organize) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Zing) (b) (6), (b) (7)(C) 5. Full name of national or international labor organize	restrained, and coerced and is interfering this guaranteed in Section 7 of the said ation, give full name, including local name and number of the said ation.	db. Tel. No.  4b. Tel. No.  4c. Cell No.  (b) (6), (b) (7)(C)  4d. Fax No.  4e. e-Mail
employees in the exercise of their rig 3. Full name of party filing charge (if labor organize (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Zi (b) (6), (b) (7)(C)  5. Full name of national or international labor organization)  6. DECLARATION I declare that I have read the above charge a my knowledge and belief.	restrained, and coerced and is interfering this guaranteed in Section 7 of the said ation, give full name, including local name and number (P code)	db. Tel. No.  4b. Tel. No.  4c. Cell No.  (b) (6), (b) (7)(C)  4d. Fax No.  4e. e-Mail
employees in the exercise of their rig 3. Full name of party filing charge (if labor organize (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Zi (b) (6), (b) (7)(C)  5. Full name of national or international labor organization)  6. DECLARATION I declare that I have read the above charge a	restrained, and coerced and is interfering this guaranteed in Section 7 of the said ation, give full name, including local name and number (P code)	db. Tel. No.  4b. Tel. No.  4c. Cell No.  (b) (6), (b) (7)(C)  4d. Fax No.  4e. e-Mail  to be filled in when charge is filed by a labor

### WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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INTERNET (11-94)

### **UNITED STATES OF AMERICA** NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMP 1 DRUGA - U S.C. SO12	
DO NOT WRITE IN THIS SPACE		
Case 08-CA-104144	Date Filed 5/1/2013	

INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1, EMPLOY	EFI AGAINST WHOM CHARGE IS BROUGHT	T
a. Name of Employer Cityview Nursing Home		b. Number of Workers Employee 68
c Address (street, city, State, ZIF Code) 6606 Carnegie Avc	d. Employer Representative	e. Telephone No. 216 361-1414
Cleveland, Ohio 44103	Thomas Williams	Fax No. 216 361-2822
Type of Establishment (factory, ritine, wholesaler, etc.)  NURSING HOME	g. Identify Principal Product or Service STNA	_
h. The above-named employer has engaged in and is engaging subsections)	In unfair labor practices within the meaning of S	ection 8(a), subsections (1) and (8st Labor Relations Act, and these unfair labor

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices.)

practices are unfair practices at lecting commerce within the meaning of the Act.

Since on about April 7,2013 The employer made unilateral changes to working conditions hours of work without barging with the union, further more the employer ba gain directly with the members of the barging unit over bonus.



By the above and other acts, the above-named employer has interfered with, restrained, and coerced employees in the exercise of the rigi	nts
guaranteed in Section 7 of the Act.	

guaranteed in Section 7 of the Act.		
3. Full name of party filing charge (# labor organ	nization, give full name, including local name and number	")
PATTI HUCKABEE		
4a Address (street and number, sity, State, en	nd ZIP Code)	4b. Telephone No.
1771 East 30 ST		216 650-1339
Cleveland,Ohio 44114-4407		Fax No. 219 566-0192
5. Full name of national or international labor or	ganization of which it is an affiliate or constituent unit (to i	be filled in when charge is filled by a labor organization)
SEIU DISTRICT 1199		
	6 DECLARATION	

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

(Signature of representative or person making charge)

ADMINSTRATIVE ORGANIZER

(Tide, If any) Fax No. 219 566-0192

1771 East 30 ST Cleveland, Ohio 44114-4407 Address

216 650-1339 (Telaphone No.) Date

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C 3512
DO NOT WRIT	E IN THIS SPACE
Case	Date Filed
08-CA-104294	5/3/13

INSTRUCTIONS:

	AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer SALEM HEALTHCARE AND REHABILITATION DBA CIRCLE OF CARE		b. Tel. No. 330-332-1589
		c. Cell No.
A Address (Obsert Sale, allete Statements)	To Employee Donney - 1-5	f. Fax No.
d. Address (Street, city, state, and ZIP code) 1985 E PERSHING STREET	e. Employer Representative JAN POWERS	g. e-Mail
SALEM OHIO 44460	STATE OF THE STATE	g. C-Mail
		h. Number of workers employed 15
i. Type of Establishment (factory, mine, wholesaler, etc.) NURSING HOME	j. Identify principal product or service HEALTH CARE	
k. The above-named employer has engaged in and is engaged subsections) RETALLIATION TEMINATION OF Expractices are practices affecting commerce within the meaning of the Act and the Postal Reorganization.	EMPLOYMENT of the National La ning of the Act, or these unfair labor practices are	abor Relations Act, and these unfair labor
2. Basis of the Charge (set forth a clear and concise stateme	ent of the facts constituting the alleged unfair labor	practices)
I reported a(b) (6), (b) (7)(C) at this fact	ility for abusive behaviors. In return I was	s fired and the
<ul><li>b) (6), (b) (7)(C) friend trumped up false accusation</li></ul>	ons against me to support their decision.	
I was never talked to, wamed verbally, warned in	writing, or approached in any manner th	nat there was a problem with me
any way until I reported this (b) (6), (b) (7)(C) 2013.	I was called in on my day off old to the	13 to be fired
	. I was called in on my day on	13 to be med.
	. I was called in on my day on	13 to be med.
	. I was called in on my day on	TO BE MED.
and the second s	. I was called in on my day on	
	. I was called in on my day on	
eth e e e e e e e e e e e e e e e e e e	. I was called in on my day on	
2. Full pages of parky filling sharps //f lebox ampairation with		
ett a villet in the second of	full name, including local name and number)	
(b) (6), (b) (7)(C) the rge (if labor organization, give	full name, including local name and number)	e relection
(b) (6), (b) (7)(C) the rge (if labor organization, give	full name, including local name and number)	
(b) (6), (b) (7)(C) the sparge (if labor organization, give	full name, including local name and number)	4b. Tel. No.
(b) (6), (b) (7)(C) the rge (if labor organization, give	full name, including local name and number)	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) the rge (if labor organization, give	full name, including local name and number)	4b. Tel. No.
(b) (6), (b) (7)(C) the rge (if labor organization, give		4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)  Aa. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	full name, including local name and number)  RECEIVED  AREA  R	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail
2. Full page of party filing phases /# labor appairation vitro	full name, including local name and number)  RECEIVED  AREA  R	4b. Tel. No. 4c. Cell No. (b) (6). (b) (7)(C) 4d. Fax No. 4e. e-Mail
(b) (6), (b) (7)(C)  4a. Address (Street and number, city, state, and ZIP code)  b) (6), (b) (7)(C)  5. Full name of national or international labor organization of organization)  NA  6. DECLARATIO	full name, including local name and number)  RECELLANDS  RECELLANDS  Which it is an affiliate or constituent unit (to be filled)	4b. Tel. No. 4c. Cell No. (b) (6). (b) (7)(C) 4d. Fax No. 4e. e-Mail
(b) (6), (b) (7)(C)  Aa. Address (Street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of organization)  NA  6. DECLARATIC  (b) (6), (b) (7)(C)  (c)  (d)  (e)  (e)  (f)  (f)  (f)  (f)  (f)  (f	full name, including local name and number)  RECELLANDS  RECELLANDS  Which it is an affiliate or constituent unit (to be filled)	4b. Tel. No. 4c. Cell No. (b) (6). (b) (7)(C) 4d. Fax No. 4e. e-Mail
(b) (6), (b) (7)(C)  4a. Address (Street and number, city, state, and ZIP code)  b) (6), (b) (7)(C)  5. Full name of national or international labor organization of organization)  NA  6. DECLARATION  1 declare the labor organization of the statement (b) (6), (b) (7)(C)	full name, including local name and number)  RECELLANDS  RECELLANDS  Which it is an affiliate or constituent unit (to be filled)	4b. Tel. No. 4c. Cell No. (b) (6). (b) (7)(C) 4d. Fax No. 4e. e-Mail d in when charge is filed by a labor Tel. No.
(b) (6), (b) (7)(C)  Aa. Address (Street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of organization)  NA  6. DECLARATIC  (b) (6,, (b) (7)(C)  (b) (6,, (b) (7)(C)	Full name, including local name and number)  RECELLANTS  ARE  ARE  ARE  ARE  ARE  ARE  ARE  AR	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail  d in when charge is filed by a labor  Tel. No.  Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

**CHARGE AGAINST EMPLOYER** 

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

08-CA-104683 May 9, 2013

File an original of this charge with NLRB Regional	Director in which the alleged unfair labor practice of EMPLOYER AGAINST WHOM CHARGE IS BROU	Courred or is occurring
a. Name of Employer General Electric	EMI COTEN AGAINST WHOM CHANGE IS BROS	b. Tel. No. (330)297-0861 c. Cell No. (330)507-6615
d. Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.
150 Loomis Parkway	Suzanne LaRocca, Human	17.00.00
Ravenna, Ohio 44266	Resource Manager	g. e-Mail
		h. Dispute Location (City and State) Ravenna, OH
i. Type of Establishment (factory, nursing home,	j. Principal Product or Service	k. Number of workers at dispute location
hotel)		40
Warehouse	Warehouse Products d is engaging unfair labor practices within the meaning	
self-organization, to form, join or assist choosing, and to engage in other comprotection, or to refrain from any or all.  On or about 2013, it, by its of of activities in behalf of IUE-CWA union and/or protected concerted activities by the acts set forth in the paragraphs a has interfered with, restrained and coerce their rights guaranteed in Section 7 of the	st labor organizations, to bargain collective certed activities for the purpose of collective such activities, which rights are guaranteed ficers, agents, and representatives, discrimand Local 84707, a labor organization, by testies.  Above, and by other acts and conduct, it, lead and is interfering with, restraining and	minated against, (b) (6), (b) (7)(C) because rminating employment because of by its officers, agents and representatives, coercing its employees in the exercise of
4a. Address (street and number, city, state, and Z	ZIP code)	4b. Tel. No
(b) (6), (b) (7)(C)		4c. Cell No. (b) (6), (b) (7)(C)
		4d. Fax No.
5. Full name of national or international labor arms	anization of which it is an affiliate or constituent unit (	4e. e-Mail (b) (6), (b) (7)(C)
6. DECLARATION	(O)(6).	RECORE
my knowled peli ble libit.	and the statements are true to the best of	E ZOK
By: X (b) (€,,,,b,,,7)(€,	(b) (6), (b) (7)(C) An Individual	Cell No. (b) (6), (b) (7)(C)
(signature of representative or person making of Address (b) (6), (b) (7)(C)		Fax No.
Address (b) (6), (b) (7)(C)	Date: X 5-9-13	e-Mail(b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Case Date Filed 08-CA-104691 May 9, 2013

File an original of this charge with NLRB Regional	Director in which the alleged unfair lat	
a. Name of Employer	LIVIE LOTER AGAINST WHOM CHAP	b. Tel. No. (216)522-7511
DECO SECURITY SERVICES		c. Cell No.
d. Address (street, city, state ZIP code) 1240 E 9TH ST, RM 787,	e. Employer Representative BRUCE BENNETT, Gene	f. Fax No. (216)522-2928
CLEVELAND, OH 44199-2001	Manager	g. e-Mail
		h Dispute Location (City and State) Cleveland, OH
Type of Establishment (factory, nursing home, hotel)	j. Principal Product or Service	k. Number of workers at dispute location 250
Security Company	Security	
National Labor Relations Act, and these unfair lab practices are unfair practices affecting commerce	oor practices are practices affecting cor within the meaning of the Act and the	
2. Basis of the Charge (set forth a clear and conci	ise statement of the facts constituting t	he alleged unfair labor practices)
coerced, and is interfering with, restrain rights to self-organization, to form, joi their own choosing, and to engage in ot or protection, or to refrain from any or a On or about (b)(6),(b)(7)(c) 2013, it, by its organization, by suspending for two because of union and/or protected companies.	ning, and coercing employees in or assist labor organizations ther concerted activities for the all such activities, which rights officers, agents, and represent behalf of United Government wo-days, and by retaliating agoncerted activities.  Above, and by other acts and coed and is interfering with, restrict said Act.	onduct, it, by its officers, agents and representatives, raining and coercing its employees in the exercise of
4a. Address (street and number, city, state, and Z	IP code)	4b Tel. No.
(b) (6), (b) (7)(C)	in code)	4c. Cell No. (b) (6), (b) (7)(C)
		4d. Fax No.
	-	4e. e-Mail (b) (6), (b) (7)(C)
<ol> <li>Full name of national or international labor organization)</li> </ol>	anization of which it is an affiliate or con	nstituent unit (to be milea in when charge is med by a labor
6. DECLARATION I declare that I have read the above charge a of my knowloodsome the lief.		
B(b) (6), (b) (7)( ,	(b) (6), (b) (7)(C) An Indiv	C) Office if any Gall No. A RECE
(S1 <sup>(b) (b) (7)</sup> (b) (c) (spiresentative or p. (b) (c) (1 mexting (c) Address (b) (6), (b) (7)(C)	charge) Print Name and Title Date:	Fax No.
(b) (6), (b) (7)(C)	10011	(b) (6), (b) (7)(C)
WILLFUL FALSE STATEMENTS ON THIS CHA	ARGE CAN BE PUNISHED BY FINE A	AND IMPRISONMENT (U.S. CODE, #ITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Mary Mary Control of the Control of	
Form NLRB - 501	(2-08)

organization)

are trunchologo best of my knowledge and belief.

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

6. DECLARATION: I declare that I have read the above charge and that the statements

DO NOT WRITE IN THIS SPACE 08-CA-104781 5/10/13

CHARGE AGAINST EMPLOYER INSTRUCTIONS: RECLIVED

File an original of this charge with NLRB Regional	EMPLOYER AGAINST WHOM CHARGE IS BROU	IGHT
	2013 FAY () A C: 34	b. Tel No. (330)666-3776 c Cell No.
d. Address (street, city, state ZIP code)	e Employer Representative	f. Fax No
3558 RIDGEWOOD RD,	DEBORAH SHAFFER, Director of Nursing	
FAIRLAWN, OH 44333-3122		g e-Mail
		h Dispute Location (City and State) FAIRLAWN, OH
i. Type of Establishment (factory, nursing home,	j. Principal Product or Service	k. Number of workers at dispute location
hotel) Nursing Home	Nursing Home/Rehabilitation Facility	140
		g, and coercing employees of The
Orchard, in the exercise of their to bargain collectively through reactivities for the purpose of colleany or all such activities, which rion or about (b) (6), (b) (7)(c) 2012, it, (b) (6), (b) (7)(c) because of times since such date it has refus specifically, the Employer terminals.  By the acts set forth in the paraginals.	rights to self-organization, to form presentatives of their own choosing ctive bargaining or other mutual and ghts are guaranteed in Section 7 of the by its officers, agents, and representatives in behalf of UFCW Local 8 and does now refuse to employ ated because of union traphs above, and by other acts and representations.	g, and coercing employees of The , join or assist labor organizations g, and to engage in other concerted id or protection, or to refrain from the said Act.  esentatives, discriminated against 80, a labor organization, and at all the above-named employee. More and/or protected activities.
Orchard, in the exercise of their to bargain collectively through reactivities for the purpose of colleany or all such activities, which rion or about (b) (6), (b) (7)(c) 2012, it, (b) (6), (b) (7)(c) because of times since such date it has refus specifically, the Employer terminal By the acts set forth in the paragrand representatives, has interfer and coercing its employees in the	rights to self-organization, to form presentatives of their own choosing ctive bargaining or other mutual and ghts are guaranteed in Section 7 of the by its officers, agents, and representatives in behalf of UFCW Local 8 and does now refuse to employ ated (DICE) because of union the captain above, and by other acts and ed with, restrained and coerced a exercise of their rights guaranteed	g, and coercing employees of The point or assist labor organizations g, and to engage in other concerted id or protection, or to refrain from the said Act.  esentatives, discriminated against 80, a labor organization, and at all the above-named employee. More and/or protected activities.  I conduct, it, by its officers, agents and is interfering with, restraining in Section 7 of the said Act.
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

(b) (6), (b) (7)(C)

Print Name and Title

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Tel No

Cell No.

Fax No. e-Mail (b)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

### CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Case

08-CA-105024

5/14/13

Date Filed

	Director in which the alleged unfair labor practice o EMPLOYER AGAINST WHOM CHARGE IS BROU	JGHT
a. Name of Employer GREAT LAKES CONSTRUCTION		b. Tel. No. (330)220-3950 330-220-3900
d Address (street, city, state ZIP code) 2608 GREAT LAKES WAY, HINCKLEY, OH 44233-9590	e Employer Representative JAMES FOX	c Cell No f Fax No (330)220-7670 g e-Mail
		h Dispute Location (City and State) , Hinckley, OH
. Type of Establishment (factory, nursing home, notel) Contractor	Principal Product or Service  Heavy highway construction	k. Number of workers at dispute location 10-15
practices are unfair practices affecting commerce 2 Basis of the Charge (set forth a clear and conci-	or practices are practices affecting commerce within within the meaning of the Act and the Postal Reorg se statement of the facts constituting the alleged or enamed. Employer, by its officers, agents a	anization Act
employee (b) (6), (b) (7)(C) for work becauses the acts set forth in the paragraph above	and by other acts and conduct, the above-nared, and coerced and is interfering with, restr	etivities.  med Employer, by its officers, agents and
By the acts set forth in the paragraph above representatives, has interfered with, restrain exercise of their rights guaranteed in Section 3. Full name of party filing charge (if labor organize)	and by other acts and conduct, the above-nared, and coerced and is interfering with, restr	etivities.  med Employer, by its officers, agents and aining, and coercing its employees in the
By the acts set forth in the paragraph above representatives, has interfered with, restrain exercise of their rights guaranteed in Section 3. Full name of party filing charge (if labor organize) (b) (6), (b) (7)(C)	and by other acts and conduct, the above-named, and coerced and is interfering with, restrict 7 of the said Act.  ation, give full name, including local name and numerical said action.	med Employer, by its officers, agents and aining, and coercing its employees in the other)
By the acts set forth in the paragraph above representatives, has interfered with, restrain exercise of their rights guaranteed in Section 3. Full name of party filing charge (if labor organize (b) (6), (b) (7)(C)	and by other acts and conduct, the above-named, and coerced and is interfering with, restrict 7 of the said Act.  ation, give full name, including local name and numerical said action.	med Employer, by its officers, agents and raining, and coercing its employees in the other)  4b Tel No. (b) (6), (b) (7)(C)
By the acts set forth in the paragraph above representatives, has interfered with, restrain exercise of their rights guaranteed in Section 3. Full name of party filing charge (if labor organize) (b) (6), (b) (7)(C)	and by other acts and conduct, the above-named, and coerced and is interfering with, restrict 7 of the said Act.  ation, give full name, including local name and numerical said action.	med Employer, by its officers, agents and raining, and coercing its employees in the other)  4b Tel No. (b) (6), (b) (7)(C) 4c Cell No
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By the acts set forth in the paragraph above representatives, has interfered with, restrain exercise of their rights guaranteed in Section 3. Full name of party filing charge (if labor organize) (b) (6), (b) (7)(C)  4a. Address (street and number, city, state, and Z) (b) (6), (b) (7)(C)  5 Full name of national or international labor organization)  6. DECLARATION  I declare that I have read the above charge a	and by other acts and conduct, the above-named, and coerced and is interfering with, restrict 7 of the said Act.  ation, give full name, including local name and numerical said action.	ctivities.  med Employer, by its officers, agents and raining, and coercing its employees in the other)  4b Tel No. (b) (6), (b) (7)(C)  4c Cell No. 4d Fax No. 4e e-Mail
By the acts set forth in the paragraph above representatives, has interfered with, restrain exercise of their rights guaranteed in Section 3. Full name of party filing charge (if labor organize) (b) (6), (b) (7)(C)  4a. Address (street and number, city, state, and Z) (b) (6), (b) (7)(C)  5. Full name of national or international labor organization)	and by other acts and conduct, the above-named, and coerced and is interfering with, restrict 7 of the said Act.  ation, give full name, including local name and numed in the said Act.  P code)	and Employer, by its officers, agents and raining, and coercing its employees in the laber)  4b Tel No. (b) (6), (b) (7)(C)  4c Cell No. 4d Fax No. 4e e-Mail (to be filled in when charge is filed by a labor
By the acts set forth in the paragraph above representatives, has interfered with, restrain exercise of their rights guaranteed in Section 3. Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)  4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C)  5 Full name of national or international labor organization)  6. DECLARATION  I declare that I have read the above charge a my kngwledge and belief.  (b) (6), (b) (7)(C)	and by other acts and conduct, the above-named, and coerced and is interfering with, restrict 7 of the said Act.  ation, give full name, including local name and numerication of which it is an affiliate or constituent unit and that the statements are true to the best of  (b) (6), (b) (7)(C)	trivities.  med Employer, by its officers, agents and raining, and coercing its employees in the laber)  4b Tel No. (b) (6), (b) (7)(C)  4c Cell No 4d Fax No 4e e-Mail (to be filled in when charge is filed by a labor  Tel No. (b) (6), (b) (7)(C)

PRIVACY ACT STATEMENT

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FORM EXEMPT UNDER 44 U S C 3512

NATIONAL LABOR RELATIONS BOARD (2-08)CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
08-CA-105132	5-15-13	

### INSTRUCTIONS.

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurr	ring.
a Name of Employer 5 H TAYLOR  MURTIS H TAYLOR	b. Tel. No 216 283-440 6 c Cell No.
13422 KINSMAN BILL NewSome Clausland Ohio HR. Di Redor	g. e-Mail h. Number of workers employed
1 Type of Establishment (factory, mine, wholesaler, etc.) 1 Mental Heatth Services 1 Identify principal product or service 1 Mental Heatth	II. Number of workers employed
k The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of se subsections) of the National Lat practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unwithin the meaning of the Act and the Postal Reorganization Act.	bor Relations Act, and these unfair labor
Refuse to let worker (ume back to we perhaps in the alleged untail labor of perhaps of party filling charge lit labor organization give full name, including local name and number)  (b) (6), (b) (7)(C)	doctor MECEIVED  REGION 8  REGION 8  REGION 8
4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	4b Tel. No  4 Cell No (b) (6), (b) (7)(C)  4d Fax No.  4e. e-Mail
5 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled organization)	in when charge is filed by a labor
6 DECLARATION declare that I have read the above charge and that the statements are true to the best of my knowledge and belief	Tel. No
(b) (6), (b) (7)(C)  By (Pint/type name and title or office if any)	Office, if any, Cell No
5-10-13	e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

### CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Case Date Filed 08-CA-105244 5/16/13

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a Name of Employer b Tel No UNITED STATES POSTAL SERVICE (330)740-8815 c Cell No d Address (street, city, state ZIP code) e. Employer Representative f. Fax No 99 WALNUT STREET THOMAS KEARNS q. e-Mail YOUNGSTOWN, OH 44501 POSTMASTER h. Dispute Location (City and State) YOUNGSTOWN, OH Type of Establishment (factory, nursing home, j Principal Product or Service Number of workers at dispute location hotel) MAIL DELIVERY POST OFFICE The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2 Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Since on or about March 1, 2013, it, through its officers, agents, and representatives, has interfered with, restrained, and coerced, and is interfering with, restraining, and coercing employees of United States Postal Service, in the exercise of their rights to self-organization, to form, join or assist labor organizations, to bargain collectively through representatives of their own choosing, and to engage in other concerted activities for the purpose of collective bargaining or other mutual aid or protection, or to refrain from any or all such activities, which rights are guaranteed in Section 7 of the said Act. On or about (6) (6) (6) (7)(C) 2013, it, by its officers, agents and representatives, disciplined, reduced hours and removed membership and activities in behalf of American Postal Workers Union, Local 443, bid job because of from a labor organization. Full name of party filing charge (if labor organization, give full name, including local name and number) 4a Address (sireet and number, city, state, and ZIP code) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No 4e. e-Mail 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) 6 DECLARATION I declare that I have read the above charge and that the statements are true to the best of (b) (6), (b) (7)(C) my knowledge and belief. Office, if any, Cell No. (b) (6), (b) (7)(C) By. (b) (6), (b) (7)(Co) (ax No Print Name and Title (signature of representative or person making charge) e-Mail (b) (6), (b) (7)(C) Address (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLEJ8, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006) The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

Case 08-CA-105259

DO NOT WRITE IN THIS SPACE

Date Filed 5-16-13

#### INSTRUCTIONS:

08-CA-105259

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

338-220-2900
1 5 7 C 1 dd 0 1 70 0
c. Cell No.
f. Fax No.
g. e-Mail
h. Dispute Location (City and State)
Number of workers at dispute location The Super Notice who the super who was a
the meaning of section 8(a), subsections (1) and (3) of the erce within the meaning of the Act, or these unfair labor tal Reorganization Act.
Decays of protested activity and and number
4b. Tel. No.
4c. Cell No. (b) (6), (b) (7)(C)  4d. Fax No.  4e. e-Mail
uent unit (to be filled in when charge is filed by a labor
Tel. No.
Office, if any, Cell No.
Fax No.
e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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I was promised by My Union Rep that it I signed a CERTAIN clocument, that there was going to be Avote, which the Employees would be Allowed to participal IN; And within 45 days from January 6, 2013. I would be back to work.

To this day that vote has Neven taken place. I am still at home while someone else Is

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

08-CA-105359 5/17/13

	EMPLOYER AGAINST WHOM CHARGE IS B	ce occurred or is occurring
Name of Employer		b. Tel. No.
Orwell Natural Gas		(440)974-3770
		c. Cell No
d. Address (street, city, state ZIP code) 8590 Sation Street, Suite 100, Mentor, OH 44060	e. Employer Representative Megan Richards	f. Fax No.
		g. e-Mail
		h. Dispute Location (C#y and State) Mentor, OH
Type of Establishment (factory, nursing home,	J. Principal Product or Service	k. Number of workers at dispute location
otel)		150
Distributor	Natural Gas	
of their rights to self-organization, to for of their own choosing, and to engage in or protection, or to refrain from any or a	rm, join or assist labor organizations, to be nother concerted activities for the purpose all such activities, which rights are guarants, the Employer promulgated an overly to conditions.	yees of Orwell Natural Gas, in the exercise largain collectively through representatives e of collective bargaining or other mutual aid iteed in Section 7 of the said Act. broad no-solicitation policy which prohibited
On or about 2013 the Employed Protected concerted activities, and Full name of party filing charge (if labor organic	er, by its officers, agents and representation at all times since such date it has refuseration, give full name, including local name and its refuseration.	sed and does now refuse to employ
On or about [b] (a) (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	er, by its officers, agents and representation at all times since such date it has refuseration, give full name, including local name and residents.	ives, terminated employee because sed and does now refuse to employ the formal distributions and the Tet. No.
On or about of party filing charge (if labor organic	er, by its officers, agents and representation at all times since such date it has refusivation, give tull name, including focal name and representation.	because sed and does now refuse to employ to the following
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### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

08-CA-105425 5-20-13

	EMPLOYER AGAINST WHOM CHARGE IS BROU	
Name of Employer		b. Tel. No.
CASE FARMS PROCESSING, INC.		(330)359-7141
		c Cell No.
d. Address (street, city, state ZIP code)	e. Employer Representative	f Fax No
1818 COUNTY ROAD 160,	ABEL ACEN	(330)359-6482
WINESBURG, OH 44690	1 22 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	g e-Mail
		h. Dispute Location (City and State) Winesburg, OH
Type of Establishment (factory, nursing home,	J. Principal Product or Service	k Number of workers at dispute location
notel)		500
actory	chicken	276
By the acts set forth in the paragraph above representatives, has interfered with, restrain exercise of their rights guaranteed in Section B. Full name of party filing charge (if labor organization)	and by other acts and conduct, the above-nar- led, and coerced and is interfering with, restr	med Employer, by its officers, agents and raining and coercing its employees in the
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## WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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FORM EXEMPT JNDER 44 U.S.C. 1512

5/20/13

INTERNET FORM NLRB-50\* (2-08) UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER LOUR EXEMIL SUDER A 0.2 C 131

DO NOT WRITE IN THIS SPACE

Case Date Filed

08-CA-105498

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer

Sealy Mattress Company

b. Tel. No. 330-725-4146

c. Cell No.

d. Address (Street, city, state, and ZIP code)

1070 Lake Road

Medina, OH 44256

e. Employer Representative Lisa Nowak, Director of

Manufacturing

I. Fax No.

h. Number of workers employed

11

330-723-7633

i. Type o' Establishment (factory, mine wholesaler, etc.)

Manufacturing

J. Identify principal product or service

Manufacturing and distributing of mattresses and box springs

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (3)

practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2 Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

On or about 2013 the above named Employer intimidated, coerced and discriminated against (b) (6), (b) (7)(C) the designated steward for Teamsters Local Union No. 293, by issuing discipline because arbitration hearing held on 2013 in violation of Section 7 of the Act.

By the above and other acts, the above-named Employer has interfered with, restrained and coerced employees in the exercise of the rights guaranteed in Section 7 of the Act.

Full rams of party filing charge (if labor organization, give full name, including local name and number)
 Teamsters Local Union No. 293

4a. Address (Street and number, city, state, and ZIP code)

5505 Valley Belt Road, Suite D Independence, OH 44131-1447 RECEIVED

VAY 20 2013

LAB

GEGION 8

4b. Tel. No. 216-739-9489

4d. Fex No. 216-739-9245

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filled by a labor organization)
International Brotherhood of Teamsters

John R. Doll

8 DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

Tel. No. 93

e-Mail

95%

4e. e-Mail

937-461-5310

Office, if any, Cell No.

Fax No 937-461-7219

11 W. First St., Suite 1100, Dayton, Ohio 45402-1156

May 20, 2013 (dete)

jdoll@djflawfirm.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

(Print/type name and title or office, if any)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	TOTAL EXEMPT ONDER 14 0 0 0 0012
DO NOT WRITE	E IN THIS SPACE
Case	Date Filed
08-CA-105753	5-23-13

INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

The all original and 4 copies of this charge with NERO Regional	GAINST WHOM CHARGE'S BROUGHT	
	GAINST WHOM CHARGE IS BROOKEN	The Number of workers amplewed
a. Name of Employer	7012 HAV A-	b. Number of workers employed
ATAT WIRELESS	2013 MAY 23 A 8: 24	APROX. 300
C. Address (street, city, state, ZIP code) 8089 South Aut BOARDMAN, OH 44512	CLEVELAND, CALL CARRIC VIOLA - TOAM MANAGER	e Telephone No.
	g. Identify principal product or service	
f. Type of Establishment (factory, mine, wholesaler, etc.) CALL CENTER	CELLULAR PHONE CUSTOMERS	
h. The above-named employer has engaged in and is engaged and (list subsections)  and these unfair labor practices are unfair practices affect  2. Basis of the Charge (set forth a clear and concise stateme.  Employer has discharge date as proposed in a acct not a concise of Business Conduct specifically, an acct not a concept.	ing commerce within the meaning of the Act.  Int of the facts constituting the alleged unfair labor  was pulled in for discharge after date. In  the fully verified before info acct. specid  Kennish names were exact a only	of the National Labor Relations Act, or practices) 17 41/113 Var advised reason was for it given. Celler making payments indicator was on (1) the of our
computer system & not separated from rest of name is an avail. Via the automated portion of our phospholical & immediately verified prior to processing payment to immediately verified prior to processing paymenther. I requested to hear the Call as was to able to but had to unt till chief usion steward was an assistant steward handled initial process). Time to recorded into heard I viewed & trappened as we again in a vail. Wo verification via automated in the company however, still discharge recourse, I was provided no written document via regular recall following the last meeting. Also of March 13 that was never reviewed will me to the works that you will be taking correct?" I was a side note, the unon (CWA) & the company we completed a few days later that included a relative of 415/13.  Finally, no COBRA into received to hate & this after had & show my correct address? I they were rights guaranteed in Section 7 of the Act	one system especially when past due (the next or releasing any additional info. I would have been written having the formula it was recorded. What told not evaluated to that would not be for a wee to appeal unpoil but would be it discharitten above. Again only info. was ball pertian of the company phone system as pell me. There was a jump through the meation or transcripts no did I sign mentioned in the fast meeting to me in which also a comment that "you will be obtained no response to that.  Eve going through the threat steps of a new company would pay to tention bonus the company would pay to rea call stating the into came back in resembling it out.	the acct. was). I did notice the that (1) prior Code issue in which al Written Wirming. I received all written Wirming. I received while Requested appeal. Was be (we are a CWA wirm shop and wyle retracted. Appeal on 4/11/13 ance prior to verification which is when past due when a caller when past due when a caller anything. Noting was sent was a bull statistical month as you have another job in contract approval (whinately those active as of approval to them (even though they
3. Full name of party filing charge (if labor organization, given (b) (6), (b) (7)(C)	e full name, including local name and number)	
(a) Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		b. Telephone No. (b) (6), (b) (7)(C)
5 Full name of national or international labor organization by a labor organization)	n of which it is an affiliate or constituent unit	(to be filled in when charge is filed
I decline that Lhave read the above charge and (b) (6), (2, (7)(C)	6. DECLARATION that the statements are true to the best of the statements are true to the best of the	my knowledge and belief.
(signature of repentative or person making charge) Address (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(title if any) 05 /14 /2013
	(Telephone No.	(date)

FORM NLRB-501 (2-08)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE II	N THIS SPACE SAN
Case	Date Filed
08-CA-105776	5/23/13

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleg	ed unfair labor practice occurred or is or	ccurring.
	WHOM CHARGE IS BROUG	
a. Name of Employer		b. Tel. No. (419) 226-2801
HUSKY LIM REFLERY		c. Cell No.
d. Address (street, city, state, ZIP code)	e. Employer Representative	f. Fax No.
1150 S. METCACE ST. WIMA, OH. 45004-1145	DAUD	g. e-Mail
WMA, OH.	DAND STEN	h. Number of workers employed
		230
i. Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service	GAJOURE
within the meaning of the Act, or these unfair labor practices are unf Reorganization Act.	ations Act, and these unfair labor pra air practices affecting commerce within	ctices are practices affecting commerce in the meaning of the Act and the Postal
2. Basis of the Charge (set forth a clear and concise statement of the fa	cts constituting the alleged unfair labo	or practices
SEE AMACHE	,	RECEIVE NLRB REGIOA!
		0.000 V 8:2 V 8:1 U 0:1
		<del>-</del>
Full name of party filing charge (if labor organization, give full name, it is a second to the	including local name and number)	<del>-</del>
3. Full name of party filing charge (if labor organization, give full name, if the control of th		<del>-</del>
3. Full name of party filing charge (if labor organization, give full name, and an analysis of the second street and number, city, state, and ZIP code)		<del>-</del>
MIKE EDZISTOCK (P. 4a. Address (street and number, city, state, and ZIP code)  660 WILLIAM ALE.		4b. Tel No.
MIKE EDZISHOCK (P. 4a. Address (street and number, city, state, and ZIP code)  660 WILLIAM ALE.		<del>-</del>
4a. Address (street and number, city, state, and ZIP code)		4b. Tel No.
MIKE EDZISTOCK (P. 4a. Address (street and number, city, state, and ZIP code)  660 WILLIAM ALE.	15. J U.S. W.	4c. Cell No. 4c. Fax No. 4e. e-Mail
M(KE EDZISKOCK (A. 4a. Address (street and number, city, state, and ZIP code)  660 WILLIAM ALE.  DELPHOS, 6H. 46337  5. Full name of national or international labor organization of which it is organization)	15. J U.S. W.	4c. Cell No. 4c. Fax No. 4e. e-Mail
M(KE DORISHOCK (A. Address (street and number, city, state, and ZIP code)  660 WW. A.	affiliate or constituent unit (to be filled	4c. Cell No. 4c. Fax No. 4e. e-Mail
M(KE EDZISKOCK (A. 4a. Address (street and number, city, state, and ZIP code)  660 WILLIAM ALE.  DELPHOS, 64. 46337  5. Full name of national or international labor organization of which it is organization)  OULTES ST	affiliate or constituent unit (to be filled	4b. Tel No.  4c. Cell No.  4c. Cell No.  4d. Fax No.  4e. e-Mail  in when charge is filed by a labor  Tel. No.  Office, if any Cell No.
4a. Address (street and number, city, state, and ZIP code)  660 CLICCAM ACE.  DELPHOS, 6H.  46337  5. Full name of national or international labor organization of which it is organization)  6. DECLARATION  I declare that I have read the above charge and that the statements are true to the	affiliate or constituent unit (to be filled	4b. Tel No.  4c. Cell No.  4c. Cell No.  4d. Fax No.  4e. e-Mail  in when charge is filed by a labor  Tel. No.
4a. Address (street and number, city, state, and ZIP code)  660 WILLIAM AUG.  DELPHOS, 6H.  46337  5. Full name of national or international labor organization of which it is organization)  6. DECLARATION  I declare that I have read the above charge and that the statements are true to the	affiliate or constituent unit (to be filled  best of my knowledge and belief.  HACLS ENGLANGE  Type name and title or office, if any)	4b. Tel No.  4c. Cell No.  4c. Cell No.  4c. Fax No.  4e. e-Mail in when charge is filed by a labor  Tel. No.  Office, if any Cell No.  (4:5) 965-4364

Solicitation of the information on thus form is authorized by the National Labor Relations Act (NLRA), 29 U S C.§ 151 et seq The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigations. The routine uses for the information are fully set forth in the Federal Register, 71 Fed.Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes

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REGION 8

1 ZOI3 MAY 23 A 8: 31

CLEVELAND, CHO

May 20, 2013

January/February 2013, the company gave notice that it would terminate Item 11, "Union Coordinator" in the C.B.A.. This was done in retaliation for the strike of 2012 and per the (b) (6), (b) (7)(C) do not get along with us (company)".

Attached are the company and union management meeting minutes to support this.

Resolution: Reinstate the union coordinator position, Item 11, in the C.B.A..

FORM N. R6-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 7 9 C 3512
DO NOT WRITE	IN THIS SPACE
Case 08-CA-105786	Date Filed // 5/23/13

#### INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRS Regional Director for the region in which the alleged

unfair ratior practice occurred or in occurring.		_	•
1. EMPLOYER AC	SAINST WOM CHAR	SE IS BROUGHT	
a Name of Employer	· · · · · · · · · · · · · · · · · · ·		b Number of workers employed
Community Action Agency of Columbiana County, Transportation System	Inc./Community Actic	n Rural	арргох. 41
c. Address (Street, city, state, and ZIP code)	d Employer Representa	live	e Telephone No.
7880 Lincole Place	Carol Bretz, Execut	ive Director	(330-424-7221
Lisbon, OH 44332			Fax No (3\$0-424-3731
1 Type of Establishment (factory, mine, wholesaler, etc.) Transportation provider	g Identify principal prod Transportation	uct or service	
h. The above-named employer has engaged in and is engaging in subsections) (5)	n unfair labor practices wit		on B(a), subsections (1) and (fist Relations Act, and these unfair labor
practices are practices affecting commerce within the meaning within the meaning of the Act and the Postal Representation A			
2. Basis of the Charge (set forth a clear and concise statement o	The lacts constituting the	elleged unfair labor prac	tices)
Within the Section 13(b) period, the Employer, thro restrained, and coerced and is interfering with, rest self-organization, to form, join or assist labor organ choosing, and to engage in other concerted activities protection or to refrain from any or all such activities. Specifically, the Employer violated Sections 8(a)(1) provide the Union with information relevant to bargassertions related to its claim of poverty.  Specifically, the Employer violated Section 8(a)(1) to engage in concerted, protected activity.	raining and coercing izations, to bargain cas for the purpose of s, which rights are guand (5) of the Act by aining, including, fina	its employees in the ollectively through in collective bargaining aranteed in Section engaging in bad fa accal information ne	exercise of their rights to expresentatives of their own g or other mutual aid or 7 of the Act.  Ith bargaining by failing to eded to validate the Employer's
			RECEIVED
3. Full name of party filing charge (if labor organization, give full r	name, uncluding local name	and number)	MAY 2 3 2013
United Steelworkers International Union, Local Uni		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NLRB REGION P
4a. Address (Street and number, city, state, and ZIP code)		J \	Telephone No.
5 Gateway Center, Room 807, Pittsburgh, PA 1522;	2		12.562,1679
	•		9x No 0 6 - 12-562-2574
5 Full name of retional or international labor organization of white organization). It is it is 50 miles for the control of th			
United Steel, Paper and Forestry Rubber	Manufacturing Energ	gy Alfied Industrial a	and Service Workers Intl Union
. 7 / declare that I have read the above charge and	6. DECLARATION that the statements are	true to the best of my	knowledge and belief
By			er, Assistant General Counsel
(sighalling of representative or person making charge)			ProMype name and fille or office, if any;
5 Gateway Center, Room 807, Pittsburgh, PA	15222	(ax) (412-562-2574	~
Address -		412-562-1679	5/22/2013
		(Telephane No.)	(detel

## WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings of litigation. The routine uses for the information are fully set forth in the Federal Register. 7° Fed. Reg. 74942-43 (Dep. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD T EMPLOYER

CHARGE AG
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INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Case Date Filed 08-CA-105886 5/24/13

ile an original of this charge with NLRB Regional  1.	EMPLOYER AGAINST WHOM CHARGE IS BROU	UGHT
Name of Employer		b. Tel. No. 877 - 626 -1263
		C. Cell No.
Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No O
3700 E. MORGAN AVE	(DAVE RITCHY) IND  X(DON HOOKS) LIMA, OH	g. e-Mail
BVANSVILLE, IND 47715 1910 W. ROBB AVE	Χ	h. Dispute Location (City and State)
LIMA, OH	(DON HOOKS) LIMA, OH	LIMA OH
Type of Establishment (factory, nursing home, otel)	J. Fillicipal Floudict of Service	k. Number of workers at dispute location
TAXI - VAN DRIVER	XHAULIN RAIL ROAD CREE	w X 24+
	ered with, restrained and coerced emp e Act.	loyees in the free exercise of
ights guaranteed by Section 7 of the Specifically, it terminated bargaining United Professional & Service Empl	and the control of th	verteed activities on behalf of on.
ights guaranteed by Section 7 of the Specifically, it terminated bargaining Jnited Professional & Service Employment Full name of party filing charge (if labor organizes), (b) (6), (b) (7)(C)	e Act.  g unit (b) (6), (b) (7)(C) because of covoyees Local 1222, a labor organization give full name, including local name and number of contraction.	verteed activities on behalf of on.
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Specifically, it terminated bargaining United Professional & Service Employed B. Full name of party filing charge (if labor organization)  6. Full name of national or international labor organization)  N/A  6. DECLARATION  I declare that I have read the above charge is	g unit (b) (6), (b) (7)(C) because of covered to covere Local 1222, a labor organization attion, give full name, including local name and number (IP code)	verteed activities on behalf of on.  Ab. Tel. No.  4c. Cell No.  (b) (6), (b) (7)(C)  4d. Fax No.  4e. e-Mail
Specifically, it terminated bargaining Inited Professional & Service Employed Full name of party filing charge (if labor organization)  Full name of party filing charge (if labor organization)  Address (street and number, city, state, and Z (b) (6), (b) (7)(C)  Full name of national or international labor organization)  N/A  DECLARATION I declare that I have read the above charge a my knowledge and helpef.  (b) (6), (b), (c), (7)(C)	e Act.  g unit (b) (6), (b) (7)(C) because of covered	verteed activities on behalf of on.  Ab. Tel. No.  4c. Cell No.  (b) (6), (b) (7)(C)  4d. Fax No.  4e. e-Mail
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Specifically, it terminated bargaining United Professional & Service Employers Employers (if labor organization)  B. Full name of party filing charge (if labor organization)  A. Address (street and number, city, state, and Zeroganization)  N/A  B. DECLARATION I declare that I have read the above charge amy knowledge and belief.  (b) (6), (c) (7)(C)	g unit (b) (6), (b) (7)(c) because of covered to oyees Local 1222, a labor organization attion, give full name, including local name and number of the code)  anization of which it is an affiliate or constituent unit and that the statements are true to the best of (b) (6), (b) (7)(c)	werteed activities on behalf of on.  Ab. Tel. No.  4c. Cell No.  (b) (6), (b) (7)(c)  4d. Fax No.  4e. e-Mail  (to be filled in when charge is filled by a labor—  Tel. No.  Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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FORM NLRB-501 (2-08)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	DO NOT WRITE	IN THIS SPACE	
Case	08-CA-106113	Date Filed 5/29/13	

INSTRUCTIONS:

	GAINST WHOM CHARGE IS BRO	
a. Name of Employer Evangelene Brown		b. Tel. No. 330-725-1234
		c. Cell No.
d. Address (street, city, state, ZIP code)	e Employer Representative	f. Fax No.
4018 B Medina Road	Evangelene Brown	g e-Mail
Medina, OH 44256		
		h. Number of workers employed About 29
i. Type of Establishment (factory, mine, wholesaler, etc.) Hair Salon	j. Identify principal product or se Hair Salon Services	rvice
the Act, or these unfair labor practices are unfair practices. Basis of the Charge (set forth a clear and concise statem.  Since on or about (b) (6), (b) (7)(C) 2012, the terminated (b) (6), (b) (7)(C) for engaging in protection for Facebook postings concerning terms and con	ent of the facts constituting the alleged unfair la above-named Employer, by its off ected concerted activity. Specifically	abor practices) icers, agents, and representative
agents and representatives, has interfered with, rests employees in the exercise of their rights guarantees. Full name of party filing charge (if labor organization, give	restrained, and coerced and is interfer anteed in Section 7 of the Act.	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
agents and representatives, has interfered with, rits employees in the exercise of their rights guara.  3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)  4a. Address (street and number, city, state, and ZIP code)	restrained, and coerced and is interferanteed in Section 7 of the Act.  full name, including local name and number)	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
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agents and representatives, has interfered with, rits employees in the exercise of their rights guara.  3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)  4a. Address (street and number, city, state, and ZIP code)	restrained, and coerced and is interferanteed in Section 7 of the Act.  full name, including local name and number)	ting with, restraining, and coercing with, restraining with a second with the restraining with restraining with a second with the restraining with a second with a second with the restraining with the
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agents and representatives, has interfered with, rests employees in the exercise of their rights guarantees.  B. Full name of party filing charge (if labor organization, gives b) (6), (b) (7)(C)  Ba. Address (street and number, city, state, and ZIP code)  b) (6), (b) (7)(C)  C. Full name of national or international labor organization organization)  6 DECLARATIO declare that have read the above charge and that the statements a	restrained, and coerced and is interferenteed in Section 7 of the Act.  full name, including local name and number)  RECEIVED  NLRB  REGION 8	4b Tel No.  4c Cell No.  (b) (b) (c) (c)  4d. Fax No.  4e e-Mail  led in when charge is filed by a labor  Tel No.  Same as above
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## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

## CHARGE AGAINST EMPLOYER

DO NOT WRITE	IN THIS SPACE	
Case	Date Filed	
08-CA-106114	5/29/13	

N. A. C. Color Strategies.			
File an original of this charge with NLRB Regional	Director in which the alleged unfair labor practice occurre		
Name of Facilities	1, EMPLOYER AGAINST WHOM CHARGE IS BROU		321,320
a. Name of Employer PHILLIPS MANUFACTURING CO.,	LIC	b. Tel. No. (330)65	52-4335
d. Address (street, city, state ZIP code)	e. Employer Representative	c. Cell No. f. Fax No.	
504 Walnut St.	BRAD GARLOCK, Director of HR	I. Fax No.	
Niles, Ohio 44446-2961	DATE OF MEDOCA, DIRECTOR OF THE	g e-Mail bgarlocl	k@phillipsmfg.com
		h. Dispute Location Niles, OH	(City and State)
i. Type of Establishment (factory, nursing home,	J. Principal Product or Service		rs at dispute location
hotel) Manufacturing	Drywall Metals	44	
Relations Act, and these unfair labor practices are affecting commerce within the meaning of the Act a 2. Basis of the Charge (set forth a clear and concise Since on or about April 1, 2013, it, throu interfering with, restraining, and coercinorganization, to form, join or assist labor engage in other concerted activities for the	s engaging unfair labor practices within the meaning of sec practices affecting commerce within the meaning of the and the Postal Reorganization Act.  Is statement of the facts constituting the alleged unfair labor gh its officers, agents, and representatives, has ing employees of Phillips Manufacturing Co, ir organizations, to bargain collectively through the purpose of collective bargaining or other mu- inteed in Section 7 of the said Act by engaging in	Act, or these unfair labor r practices) interfered with, rest LLC, in the exerce representatives of atual aid or protectio	trained, and coerced, and tise of their rights to sel their own choosing, and t
recalled.  On or about April 9, 2013, the Employer Since on or about April 19, 2013 the Employer by the acts set forth in the paragraphs interfered with, restrained and coerced a guaranteed in Section 7 of the said Act.	er failed to immediately reinstate strikers and unlawfully rehired a replacement worker instead ployer has unlawfully failed to recall former str above, and by other acts and conduct, it, be and is interfering with, restraining and coercin	ad of recalling a strik ikers to a vacant skil by its officers, agent	er. led position. Is and representatives, h
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Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or httgation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

[b) (6), (b) (7)(C)

## UNITED STATES OF AMERICA

NATIONAL LABOR RELATIONS BOARD

### CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

a. Name of Employer

DO NOT WRIT	E IN THIS SPACE
Case	Date Filed
08-CA-106173	5/30/2013

b. Tel. No.

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

NORTHEASTERN OHIO FOOT & AN	KLE SURGICAL ASSOCIATES, INC.	(330)633-6024
	and the second streets of the second	c. Cell No.
Address (street, city, state ZIP code) 116 EAST AVE, STE 4, TALLMADGE,	e. Employer Representative Dr. Theodore A, Buccilli, Jr.	f. Fax No.
OH 44278-2300		g. e-Mail
		h. Dispute Location (City and State) Tallmadge, OH
Type of Establishment (factory, nursing home, note)	. Principal Product or Service	k. Number of workers at dispute location
Medical Office	Healthcare	10
See attached.		
s. Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)	ation, give full name, including local name and nu	imber)
a Address (street and number, city, state, and Z	(P code)	4b. Tel. No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	RECEIVED	rAc. Cell No.
	MAY 3 0 2013	4d. Fax No.
	NLHP REGILAR	4e e-Mail
5. Full name of national or international labor orga organization)	inization of which it is an affiliate or constituent un	it (to be filled in when charge is filed by a labor
DECLARATION		PET NO.
	and that the statements are true to the best of	Tel. No. 440-543-0570
ву:	t.Vond	Office, if any, Cell No.
	Stephan Voudris, Attorney	Fax No.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

## WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Address: 8401 Chagrin Road, Suite 8

Chegrin Falls, Ohio 44023

- Mail

svoudris@me.com

#### CHARGE ALLEGATIONS

In the last six months, the Employer has interfered with, restrained, and coerced its employees by engaging in the following conduct:

Instructing employees not to discuss wages.

Instructing employees to discuss nothing other than patients and patient care.

Instructing employees not to talk to each other about working conditions outside of the office.

Threatened employees with discharge if they talked to former employees or bought up their names during working hours.

Telling Charging Party to leave if did not like rules.

Prohibiting Charging Party to discuss commission and billing with the staff or any other doctors.

Maintaining the following overly broad and restrictive policies:

- o conducting oneself in a way that prejudices the employer.
- Malicious Gossip generally is likely to lower morale and employee productivity. The employer desire to maintain a safe, equitable, and productive work environment, thereby limiting potential conflicts of interest, favoritism complaints, poor morale, unprofessional work environment and employee dissension problems that may result for malicious gossip. Accordingly, doctors and staff employees are encouraged not to engage in malicious gossip. If a violation is found, the employer may take whatever legal action it deems necessary and appropriate, according to the circumstances, including discharge.
- An employee is prohibited from calling on or soliciting any person who is an employee or previous employee of the Employer after termination of employment.
- Expressing complaints through established channels.

As a result of the Employer's policies, Charging Party was forced to resign in December 2012, which should be considered a constructive discharge.

hotel) Union

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

i. Type of Establishment (factory, nursing home,

. DO NOT WRITE IN THIS SPACE

Case Date Filed

08-CA-106317 6/3/13

Massillon, OH

k Number of workers at dispute location

File an original of this charge with NLRB Regions		
	. EMPLOYER AGAINST WHOM CHARGE	IS BROUGHT
a. Name of Employer SMWIA #33 Akron JATC		b Tel No (330)605-8813
		c Cell No (330)605-8813
d Address (street, city, state ZIP code) 1890 Venture Circle, Massillon, OH	e Employer Representative Brad Klausner	f Fax No
44646		g e-Mail
	İ	h Dispute Location (City and State)

I The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act

Principal Product or Service .

Employee Representation

2 Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

On or about (b) (6), (b) (7)(C) 2013, the above named employer, by its officers, agents and representatives, laid off employee (b) (6), (b) (7)(C) because of protected concerted activities, and at all times since such date it has refused and does now refuse to employ the above-named employee.

By the Acts set forth in the paragraph above and by other acts and conduct. It, by its officers, agents, and representatives, has interfered with, restrained, and coerced and is interfering with, restraining, and coercing its employees in the exercise of their rights guaranteed in Section 7 of the said Act.

3 Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)	full name, including local name and num	iber)
4a Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		4b Tel No (b) (6), (b) (7)(C)
		4c Cell No
		4d. Fax No
		4e e-Mail
DECLARATION     I declare that I have read the above charge and that If my knowledge and belief.	ne statements are true to the best of	Tel No (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) 4/3/13	Office, if any, Cell No.
(signature or representative or person making charge)	Print Name and Title	Fax No
Address (b) (6), (b) (7)(C)	Date	e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1601)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or lifegation. The routine uses for the information are fully set forth in the Federal Register. 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(0)



FORM NLRB-801 (11-94)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

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08-CA-1	06439	6/4/13

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	18						

	WHO CHARGE IS BROUGHT	
a. Name of Employer ASK CHEMICAL	b. No	rmber of Workers Employed 13
c. Address (street, city, State, ZIP, Code)	d. Employer Representative	e, Tel No. 218-883-8200
4600 E 71 <sup>51</sup> STREET CLEVELAND, OH 44123 (CUYAHOGA COUNTY)	GEORGE GLASS, PLAN MANAGER	Fax No. 218-208-8590
f. Type of Establishment (factory, mine, wholesaler, etc.) MANUFACTURING	g. identify Principal Product of http://www.ask-chemicals.com	r Bernige n/sts/explore-ask-chemics/s/history.html
The above-named employer has engaged in and is engaging in unfair is subsections) of the National Labor Relations Act, and these ameaning of the Act.	abor practices within the meani infeir labor practices are unfair i	ng of Section 8(a), subsections (1) and (list practices affecting commerce within the
Specifically, by harassing, degrading, demintimidate (b) (6), (b) (7)(C) and denvironment.	eaning, humiliating	
		RECEIVED JUN - 4 2013 NLRP REGION 8
3. Full name of party filing charge (If labor organization, give full name, in NYERNATIONAL ASSOCIATION OF MACHINISTS & AEROSPAC	ncluding local name and number E WORKERS, AFLICIO,DIST	JUN - 4 2013 NLRP REGION 8 RICT LODGE 54
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NYERNATIONAL ASSOCIATION OF MACHINISTS & AEROSPAC  4s. Address (alrest and number, city, State, and ZIP Code)  Executive Plaza III, 135 Merchant Street, Suite 265	ncluding local name and numbe E WORKERS, AFLICIO,DIST	JUN - 4 2013 NLRP REGION 8 RICT LODGE 64
8. Full name of party fling charge (# labor organization, give full name, it in the party fling charge (# labor organization, give full name, it in the party fling charge (# labor organization, give full name, it is a full name of national or international labor organization of which it is a properties from the party fling in the part	E WORKERS, AFL/CIO,DIST	JUN - 4 2013 NLRP REGION 8  2 RICT LODGE 54  4b. Telephone No. 813-772-9310 Fex No. 613-772-8596
As. Address (street and number, city, State, and ZIP Code)  Executive Plaza III, 135 Merchant Street, Suite 285 Cincinneti, Ohio 45246  5. Full name of national or international labor organization of which it is a organization) international Association of Machinists and Aerosi  I declare that I have read the above charge and that the ats	in affiliets or constituent unit (to pace Workers, AFL-CIO ARATION alternents are true to the best	JUN - 4 2013 NLRP REGION 8  PRICT LODGE 54  4b. Telephone No. 513-772-9310 Fex No. 513-772-8598  be filled when charge is filled by labor of my knowledge or bellef.
An. Address (atreet and number, city, State, and ZIP Code)  Executive Plaza III, 135 Merchant Street, Suite 265  Cincinneti, Ohio 45246  5. Full name of national or international labor organization of which it is a proportization) International Association of Machinists and Aerosi  6. DECL	in affiliete or constituent unit (to pace Workers, AFL-CIO ARATION alternents are true to the best Grand Los	JUN - 4 2013 NLRP REGION 8  PRICT LODGE 64  4b. Telephone No. 513-772-9310 Fex No. 513-772-8596  be filled when charge is filled by lebor

Willful False Statements On This Charge Can Be Punished By Fine and Imprisonment (U.S. CODE, TITLE 18, SECTION 1901)